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AMERICAN

JOURNAL OF INSANITY.

EDITED BY THE

MEDICAL OFFICERS OF THE NEW YORK STATE LUNATIC ASYLUM.

VOL. XLI. 1884-85

The care of the human mind is the most noble branch of medicine.—GROTIUS.

STATE LUNATIC ASYLUM.
UTICA, NEW YORK.
1884-85.

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AMERICAN

JOURNAL OF INSANITY.

VOL. XLI. JULY, 1884. No. I.

148
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UTICA, N. Y.
STATE LUNATIC ASYLUM.
JOHN WILEY & SON, ASTOR PLACE, NEW YORK

Ellis H. Roberts & Co., Printers, 60 Genesee Street, Utica.

[Entered at the Post Office at Utica, and admitted for transmission through the Mails at second class rates.]

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AMERICAN
JOURNAL OF INSANITY,
FOR JULY, 1884.

HEREDITY.*

BY JOHN P. GRAY, M. D., LL. D.,
Superintendent of the State Lunatic Asylum, Utica, N. Y.

Heredity is one of the indisputable facts in nature. It confronts us at the outset, in the study of natural science, medicine and jurisprudence, and bears upon the most important subjects connected with social life, whether viewed from a scientific or practical standpoint.

In his "First Principles" Herbert Spencer states the general law of heredity as follows: "Understood in its entirety the law is that each plant or animal produces others of like kind with itself." Herbert Spencer's dictum amounts really to saying that every organism tends to re-produce its kind, and this he limits by adding that the likeness consists "not so much in a repetition of our individual traits as in the assumption of the same general structure."

Some writers (Mercier and Ribot), have tried to graft upon this simple proposition the statement as a law, that "every attribute of the parent tends to be inherited by the offspring. Inheritance is the rule; non-inheritance the exception."† That is to say, all the

*Address as President of the Association of Medical Superintendents of American Institutions for the Insane, delivered at the Thirty-eighth Annual Meeting, held at Philadelphia, Pa., May 13, 1884.

†MERCIER, *Journal Mental Science*, October, 1883, p. 337.

characteristics and peculiarities, however trifling, tend to be inherited, and will be, unless prevented by some opposing influence.

This is made to include what is called "morbid heredity," the characters of disease, as well as the structural and other physical traits. This morbid heredity is made to begin with the act of generation. "As far as the father's influence is concerned, any hereditary predisposition which may exist may be transmitted at the moment of conception; when the ovum is impregnated it is subjected to the mother's diseases or predisposition to disease."*

The same writer quotes Lucas as to the question whether this principle of heredity applies to disordered as well as healthy mental characteristics. Lucas says, "There is no pathological state of being where the intervention of morbid heredity is more remarkable and more remarked." He quotes also the declaration of Burrows; that while "mania and melancholia do not propagate their respective types,"—"one type only of mental derangement can be said to propagate itself —the propensity to suicide." He refers also to Moreau and other authors to show that "cerebral disorder may be transmitted by either parent."

We might add largely to this list and refer to the many cases that are cited to sustain this view. We have made these few quotations simply to show what is meant by the term morbid heredity. Cases are not only numerously given by authors, but the various facts collated as to variation and domestication of animals and plants are brought in to sustain this theory of morbid transmission as a principal factor in insanity; and even the chemistry of metals and gasses is applied

* Bucknill and Tuke, p. 66.

to the nervous system* to show the *rationale* of inbreeding, hybridism, and crossing of parentage.

Now, so far from its being true that every attribute tends to be inherited, we had supposed that even on the theory of evolution itself, by what Mr. Darwin has to call "some unknown law in the constitution of the organism," and for the protection of the species itself, there was an inherited tendency just the other way; that is to eliminate all unfavorable attributes of progenitors, whether by disease or otherwise, and whether acquired by accidents of environment or otherwise. We believe this to be the true law in nature. Disease is a "tendency" to death, to extinction. The "tendency" in *genera* and species is directly antagonistic to this—that is to life and perpetuation. Were it other wise, were the law and "tendency" of nature to continue and intensify these destructive operations, its cumulative force would soon bring species to an end. The fact is, the whole force of an organism, as an organism, is set in array against any disintegrating influence. whether in the structure itself, or the environment. More facts can be gathered to show how unfavorable conditions in the structure, or morbid functions in the organism, have been neutralized or overcome in the offspring than can be adduced for any special morbid transmission. Indeed, what is often attributed to "morbid heredity" will be found to be due simply to parallelism or similarity in education and environment. Special characters are often due to unconscious imitation from infancy to manhood; a gradual process of education; like causes are apt to produce like effects, without the necessity of being handed down through natural generation. Indeed, this is accepted as a rule. If puerperal conditions, or grief, or the worry of failure in

* MERCIER, *Journal Mental Science, January*, 1883.

business or other nervous shock or excitement produces insanity, it is not because there is any inherent connection between these things and insanity, but because they all *may* produce a certain effect upon the brain in its circulation and nutrition, interfering with its normal physiological operations; and if this effect is seen more speedily in some physical structures than others, while it is proper enough to say that the structures were inherited, it is not proper to say that they carried in them the disease which was the result of external influences.

An "insane diathesis" is a pure verbal fiction. The frailest physical structure will not develop insanity without an external cause, and the causes, as observed under experience, are largely within the control of due precautions. It is not unusual that writers have allowed a mere theory to run away with them, and it would not be difficult to give examples of many exploded theories in connection with psychology and insanity. Ribot has whole chapters on heredity of imagination in poets, in painters, in musicians, in men of science, philosophers and economists, authors and men of letters.

Now, no one would like to lay down a law that the son of a genius shall never in any case be a genius himself, but we are willing to leave it to the verdict of history whether hereditary genius in literature or art is not rather conspicuous by its absence. Of course, in support of any theory whatever, associated with life, a quantity of facts may always be forthcoming, but any catalogue of facts that can be made will always leave a majority of *all* the facts still to be integrated in a final system.

The facts that relate merely to structural features, supernumerary members, variations of aspect, size, color,

&c., have nothing to do with the transmission of morbid processes, but are simply varieties of abnormal peculiarities. Might we not as well pretend that a bruised fruit or seed would perpetuate its bruises as that a human organism would transmit a wound or a disease? Heredity has its proper place in natural science, and is but the expression of the primeval law of species; but we can not admit that it is responsible for such a thing as a positive disease of the brain, which all admit is the only basis of insanity, the mental disturbances being but symptoms of such disease. Morbid affections of the human organism developed by causes *ab extra* are to be distinguished from those normal forces of the organism that are inherent and operate *ab intra.*

While recognizing the great importance of heredity and admitting that it deserves great consideration in its bearing upon the development of man and the determination of his physical traits, I am equally satisfied that undue importance is attached to heredity in connection with the causation of insanity. The transmission of a physical type, with more or less resemblance, we have said, is a law of nature, and this law tends to maintain and perpetuate races and families. This law is written on men and animals, on trees, flowers and vegetation, generally. It is a conserving, universal law in nature. The natural physical characteristics in families may in some members by intermarriage be intensified but not to any great extent. The nose, the mouth, and the eyes, more frequently than any other part of the organism may have significant family or race type, and be very strongly marked in certain members. Occasionally a monstrosity of structure may appear in the hands or feet, and be perpetuated through two or three generations, in some members of the family; such as

five or six fingers or supernumerary toes, but these monstrosities are deviations in excess and are not permanently held as in the type. No six-fingered or seven-toed family has ever been established. Double-headed or four-armed, and three and four-legged people have been born, and some of them have lived to adult life. There are no instances of transmission. Cross-eyed, near-sighted vision, and such other physical deviations as have been mentioned, it must be borne in mind, are not instances of disease. These organs are healthy, just as crooked legs may be healthy, and they can not properly be used as illustrations of the heredity of disease. Disease is not a law of our physical or mental being. No person has ever been born insane. No person ever became insane simply because his father or mother, or both, or his grand-parents were insane. No person ever became insane simply because of any impression arising from parentage upon either his physical or mental constitution. Every person who becomes insane, whether he has had insane parentage or not, becomes so by reason of some physical causes operating to change the physiological state of the brain. Whatever his parentage may have been, insanity in him can only be developed by the same causes which produce it in persons who have no insane parentage. Parentage can not impress upon offspring even a tendency, or a "pre-disposition to insanity." The most it can do is to transmit a physical structure or organization which will be more liable to the operation of ordinary causes that produce disease in any form in people generally, insanity included. Those who have insane persons among their ancestors in a direct line, can only become insane therefore, as other people do, by the operation of the same causes. There is no law in their members tending or dooming or predestinating them to

insanity. If they are as strong in system as people who have no insane among their parentage, as they generally are, they have only to take the precaution and care that people generally need, and if they are not as strong, they must take more care against the exposures of life, as all delicate people ought to. This is all there is of this question—the sum and substance of the matter.

Diseases are accidental states produced from causes originating outside of natural bodies and natural states. Disease is not transmitted by birth, as disease, except through blood poisoning of the parent, as in leprosy, syphilis, and, perhaps, cancer. However, in syphilis it ends in the first generation. The deteriorated child of a syphilitic parent can not transmit syphilis. If the child of syphilitic parents is born healthy, syphilis can not be developed in any of its forms as the result of parentage alone.

The sins of parents, it is said, may be visited on the children to the third and fourth generation, but this is in their temporal or external consequences.

No man, however, is compelled or impelled by natural or divine law to commit the sins of his fathers. No man is born a forger, a burglar, a thief, an assassin, a murderer, because his grandfather or father represented one or other of these classes of criminals. Such parentage does not either impose a criminal life or a criminal tendency except through the processes of education, any more than a man is born fated to farming or blacksmithing or shoemaking or any other calling by reason of any paternal occupation or bent of mind. Occupations or crimes that are found to run in families are simply the result of education and training. They are not born or inbred. It would not require much observation to show that the sons and daughters of such

persons are not only not destined by birth to the profession or pursuits of their fathers, but are often not inclined to them or competent for them. Good parents have children who grow up in vice and crime, and criminal parents have children who grow up to the most exemplary lives. If this were not so, religion and morality and laws and institutions having for their object the reformation and improvement of mankind, would be meaningless and futile.

The phrase: "Blood will tell," is true in a broad sense. But take the millions of European nationalities who have come to the United States within the past century, a large proportion of whom have through social and governmental conditions that prevail in their native land, been poverty stricken, uneducated, many of them debased physically from dietary causes, and degraded mentally. What of their generations? To be sure many of them have remained just where they were, in poverty and degradation, and their descendants with them, because they have continued in the same plane of life. But the vast majority of their descendants have risen above the generations behind them under the improved conditions which they have voluntarily sought or have drifted into. It is true that while harmonizing with their new surroundings the descendants are changed in modes of thought, social ideas, etc., yet they retain the strong race characteristics, the physical and mental type. All this means normal, natural, healthy transmission, influence for good or evil by circumstances and education. Race characteristics remain unchanged. Family types vary; this is the natural law.

We might illustrate this point by the example of Australia. That was at first a penal colony. The conservative law of heredity in operation for a few

generations has not only not retained a society of criminals, but has redeemed and elevated their progeny, eliminating the evil mental and physical conditions under favorable surroundings and education. The same is strikingly true of Pitcairn's Island.

Indeed, in our land, the Indians have retained their race attributes against all the resources of Christian civilization and the destructive agencies of governmental power.

I am inclined to think that the doctrine of morbid heredity, so strongly held by some, was derived from a period when philosophy had more influence in forming opinions upon such matters than the science of physiology and practical medical observation.

Perhaps few men are in perfect bodily health, that is, in a state in which every part of the organism is not only in a perfect condition itself, but in which the whole is in harmonious, rhythmical action. Ordinarily effective health is maintained with quite a swing of the pendulum between physiological extremes, and this is varied greatly in different individuals. But this varying state is not disease; nor are people liable to disease in proportion to general delicacy of structure.

A common method of showing "heredity," is to take some exceptional family, one in a thousand or ten thousand, where several members have been insane. The numerical method does not take into account the accidental or incidental circumstances which develop or intensify the causes capable of producing insanity in each member of the family, without reference to relationship. Again, a family is taken where peculiarities are strongly marked and general family decay has set in. Such persons usually live differently from other people, and finally become eccentric and from depreciated health may become insane. To say that such per-

sons become insane without the operation of the ordinary causes of disease, is unscientific, and these occasional families can not be taken as evidence of the existence of a law of transmission of disease. Such instances simply prove the accidental conditions already referred to. These cases really do not make any exception to the law of disease as a factor of insanity. I recall an instance where the father became insane and three of seven children. All the children were born before the insanity of the father. There was no insanity on either side of the house. The cause of the insanity in each case was entirely adequate to its development without any reference to relationship or descent.

Practically the whole question of heredity resolves itself into this: How far an attack of insanity may wreck the constitution of a parent, impair the functional energies and by reason thereof give the offspring an enfeebled physical structure, not a structure with a proclivity to insanity or to any other disease, but simply a structure more liable to give way under the common and ordinary exposures of life and the causes which set up morbid processes in the human system. In the same manner an attack of pneumonia, or typhoid fever, or a profound malarial attack may impair the constitution of the parent, and the offspring may be less vigorous, and the resisting power in the organism may be less active, and in all such cases they may be more liable to give way under exposures than if the parent had not suffered constitutional impairment from any of the diseases mentioned.

This, however, is not an inherited proclivity or predisposition to insanity or any other disease, but the child begotten of parents of impaired constitution may (not will) have a feebler structure with less resisting

power. If such a child is strong and healthy, it is in no more danger than if the parent had not had an attack of insanity or other disease.

The parents can not impregnate the child with germinal or peculiar cell structure predisposing to insanity or any other disease. If this were so, and there was transmission of disease, under such a theory the child would receive from the parent a fatal and inevitable proclivity to insanity. In that case, as a logical necessity, the child, whether it developed insanity or not, must retain the fatal power of communicating this proclivity to its offspring, and how is it to be obliterated? Indeed, all that would be necessary under such a theory to start a tainted family line would be for a parent to become insane. No matter what the conditions were that produced depreciation in health in the mother and finally developed insanity, she, having been insane, under such a theory would be endowed with the fatal power of communicating at conception the germ of an "insane diathesis." To be sure, writers put in certain guarding expressions as a caveat against such a logical issue. For example, Dr. Tuke says:* "virtuous and vicious tendencies would often *appear* to be hereditary; or, as congenital, are displayed from the earliest infancy in children subjected to the same educational influences." "The occurrence of insanity in a parent after the birth of the person affected can not be regarded as a certain proof of hereditary predisposition; at the same time such predisposition remains highly probable; its value may be judged of by the character of the attack under which the patient labored; whether, in short, it appears to have been accidental rather than exceptional." Does not this beg the question?

* Bucknill and Tuke, page 250.

The dread of heredity lies in the popular belief that it is a law of our being; that somewhere and somehow, lodged in us are the seeds of this disease, and while this has been taught in literature it comes down to us chiefly as a sort of legendary tradition. There are families who, when a member has become insane from legitimate causes, live in dread throughout their lives, covering ten, twenty and thirty years, and every illness and every condition of nervous depression wakes up a dread of insanity.

There is no reason why insanity should be especially selected, except for the mystery that has pertained to its history and treatment. There are other diseases of the brain, as apoplexies, paralyses, meningitis, &c., any of which *may* affect or impair the intellect. Natural death is where the physical machinery wears out; the morbid processes which we call disease may destroy the body and anticipate natural death. But these conditions are not self-developed, nor are they slumbering elements in the body. They come from external causes connected with life and its activities; the habits, the exposures, the vices, the accidents, the over-toil, the starvation, the excesses, the exhaustions—these and kindred causes induce physiological disturbances and set up the morbid processes which we call disease, and insanity is merely one of them, and, as we have said, one that is largely preventible.

Suicide is set down as among the tendencies inherited and, according to one writer already quoted, it "propagates itself." It would seem impossible to conceive of the impregnation of an ovum with a predisposition to self-destruction. Suicide arises, not from impulse, or fatal inbred proclivity, but from illogical reasoning regarding the value of life, or a false personal estimate of its good and evil, by those who are brought face to

face with trouble. The suicidal thought comes to many when their experience reaches a point which leads them to ask, "is life worth living?" to others when they are brought to the verge of exposures in which their characters would suffer from their criminal conduct, to others when unjust accusations and slander come upon them and they stop to ask themselves the question if they can stand up against them; to others from mortification, disappointment and disaster, where their pride and self-love are deeply wounded. Again, it comes to others when owing to failure of health, they have delusional ideas of coming or present disaster to property, to family or reputation, or where under delusional ideas of their spiritual condition, they seek death as a relief from what they believe they can not endure; or because of the delusive idea that self-destruction is a command of their Maker to save themselves or to save others. Again, suicide is in a large number of cases simply imitation and morbid desire of notoriety, as in the instances of throwing one's self from dizzy heights of bridges, or towers, or precipices, or in other like ways; or it comes from the fatal notion that because some relative has committed suicide they are doomed to the same thing, and this is one of the evils, and one of the greatest evils, aided, if not countenanced, by this theory of inheritance.

Some years ago a person came from a distant part of the State in company with his wife to consult me in regard to his mental condition, he being in dread of suicide. He stated that his grandfather, uncle, father, one brother, older than he, had committed suicide at a certain period of life. He had reached that period and was in constant dread of the same fate overtaking him. He was an intelligent man; I explained the matter fully to him, pointed out the fallacy of such views, and

though he was satisfied he remained until the time had passed, then appreciated the subject and went home. I saw him several years afterwards in excellent health, and he said he had instructed his younger brothers and felt safe in regard to his children.

Careful examination of some thousands of suicidal cases reveals no instances beyond the classes I have cited. While writing I have a letter from a young man who some time ago attempted suicide. He gives this reason: "Unfortunately I became diseased. I applied to a physician and under treatment I was finally pronounced cured. Speaking with another physician upon the subject, he suggested that to be certain of cure I had better continue treatment, and he gave me a bottle of medicine. Revolving the matter over I thought 'perhaps I am permanently diseased; there seems to be no security.' After suffering a few days under this idea, I took the whole poisonous contents of the bottle, and came near destroying myself, simply to avoid the consequences of a revelation of my conduct."

Suicide is repugnant to nature and is in direct violation of the inherent law of self-preservation. It is condemned by both divine and human law. To dignify and excuse such an act by the plea of heredity is to play tricks with the common sense of mankind.

The question of inherited mental and moral traits is quite another field, and evidently outside of the range of disease. It is complicated and interwoven with the environment of the child from its birth; its domestic surroundings and the example of its parents from infancy, both through their own lives and the lives of their associates; in a word, the educational influences in the widest sense of the term. To this field belongs the so-called heredity of crime and intemperance.

These vices and criminal lives are simply the outgrowth of education, example, appetites and passions, and do not proceed from any inherited tendency.

Intemperance is set down as hereditary. Intemperance is not disease, however potent it may be in producing disease. Intemperance is simply vice. Few men of experience in the world but can recall families of drunkards. So we may recall families of smokers; it would be as logical to apply to this habit the doctrine of heredity in the form of an inherited tendency as it would be to the liquor habit.

In the plea of insanity for criminal acts, heredity, has, perhaps, figured more conspicuously than any other element or agency in defense of crime. It has been held up as a sort of underlying mal-influence, inherent in the very constitution, liable at any moment to break out; a general larvated state of body and mind, the "latent diathesis" liable to develop at any time; and this has too often been made to serve as a reason for the *possible* existence of insanity in any particular case. Heredity is strongly urged in what are called cases of moral insanity. According to its advocates a sort of moral scrofula pervades the emotional nature, dominating the sentiments and perverting or obliterating the moral sense. It is even claimed that the individual, under these circumstances is unconscious of this state of things; that his intellectual nature is not involved, but he does not recognize the "nature and quality of his acts," and of course "can not know that they are wrong." This plea has been urged in all kinds of cases and for a great variety of criminal acts, such as book stealing by ministers, pilfering by school girls and boys, shoplifting by women of respectability, or in cases of reputable persons shooting under jealousy and revenge persons who have despoiled their domestic life, or against whom

they have grudges, real or imaginary. Incendiarism, burglary, and even forgery have come under this category. In many of these cases the parents have not only not been insane but have led exemplary lives, and heredity can not be predicated.

Prof. Arndt* shows where the logic of such views may lead: "Morals and a sound psychical life," he says, "are inseparable. All immorality is a symptom of psychical disease," and declares "no person of sound mind ever commits a crime." Again—"each criminal is a diseased human being."

Even Dr. Clouston, in his able and interesting "Clinical Lectures on Mental Disease," recently published, seems (I am sorry to say,) to embrace all those artificial classifications of the various forms of what he would call "Monomania" and "Moral Insanity." In his description of the origin of monomania he thus states the first out of four different ways in which he claims it arises. "It is a gradual evolution out of a natural disposition, a proud man becoming insanely and delusionally proud, a naturally suspicious man passing the sane borderland with his suspicions. There is usually a hereditary predisposition to insanity in those patients. The disposition may, in fact, be regarded, as the nervous diathesis out of which the mental disease springs." (Page 201.)

It seems to be impossible to put scientific and intelligibly consistent meaning into such language as this. What is a gradual evolution out of a natural disposition in any physiological sense? How does a proud man become "insanely and delusionally proud" without the physical changes that imply the disease of the brain? For this is what he seems to insinuate when he says. "The (natural) disposition may in fact be regarded as

*Lehrbuch der Psychiatrie, 1883.

the nervous diathesis out of which the mental disease springs." He clings to the term "mental disease" with a tenacity worthy of the old days when insanity was regarded as an actual disease of mind. But if pride and suspicion and other unamiable traits are a "nervous diathesis," evoluting into insanity, who is safe, and how are we to account for so large a proportion of cases in which the insanity first exhibits these traits preceded by no such "nervous diathesis?" How can a "disease" in any scientific sense spring out of a natural disposition, under the name of a "nervous diathesis?"

This "insane diathesis," or "insane temperament," as he elsewhere calls it, for illustrations of which he refers us to the "works of the modern psychological novelist," he differentiates from the German *Primäre Verrücktheit*, (or imbecility,) by saying that "the latter is an insanity naturally evolved in early life from the original constitution of a brain which may have been at first without peculiarity, but gradually, and inevitably and without any other cause than its own natural evolution, an unsound state of mind is developed without the preliminary explosion of brain storm in the shape of an attack of mania or melancholia." (Page 259.) Perhaps, however, the latter is not more fanciful than the former. It has not even been proved as yet that idiocy is any such evolution from hereditary "diathesis;" and what the words "gradually, inevitably and without any other cause than its own natural evolution," can really signify, other than a metaphysical speculation of the author, it would be difficult even to conjecture. The German writers on this subject exhibit a wonderful cleverness and ingenuity in word manipulation; but one of their number, conspicuous for cleverness and ability, Professor Arndt,* gives us a clue out of the

* Lehrbuch der Psychiatrie. Rud. Arndt, 1883.

labyrinth of *Primäre Verrücktheit* when he says: "If a state of psychical debility is unmistakably manifest already during the evolution of physical life, or as commonly expressed, is congenital, it is called "congenital dementia" or "idiotism." Here then, we are brought face to face with an entirely different department, that of congenital defects, malformations or arrested physical development which are not classed in the category of active disease, and which, at least, have nothing to do with the positive access of the disease called insanity. A congenital defect, structural or otherwise, does not necessarily connote a morbid process. Hence the hospital practice of our day does not attempt to include the idiots and the insane under one system of care and treatment; that of idiocy being chiefly directed to such development of its subjects as is attainable by education and training—a school system with physical training. Insanity is always an acute or supervening disease, however speedily its character may become fixed, and it always has for its origin a definite point of departure. Natural defects may enter into medico-legal questions of personal responsibility, but it is not because they have any medical or pathological connection with the active or acquired disease of insanity.

In many such cases medical men have volunteered to appear before courts, and in other cases have been dragged in, to make medical science sustain such doctrines and modes of defense. Writers have endeavored to draw distinctive lines between ordinary wickedness and this "moral criminal state" by calling stealing "kleptomania," incendiarism "pyromania," murder "homicidal mania," drunkenness "dipsomania," etc., etc. In all such cases the insanity of a relative is a most precious boon, as affording an avenue of escape, for heredity gives them the "constitutional basis for the

perverted moral state." The history of cases in which such pleas have been entered and pressed would show that they have not been resorted to to shield only the weak-minded, the "half-witted," the natural born incompetents and unfortunates who really stand on the border line of imbecility, and approximate idiocy in their sense of responsibility. But history shows that it is the voluntarily bad, who happen to have means and friends to defend them, for whom this plea is raised; indeed the very infamy of their lives is paraded as evidence of insanity. It is an attempted stigma on the medical profession to boast "that doctors can always be found to expert such cases for a fee." It is perhaps true that in some cases doctors have gone on the stand for a fee, but in most cases they go on the stand really believing in such views of insanity, and supposing that it is possible to have the moral half of a man insane and the intellectual half sound; and so have given the most absurd testimony in good faith.

Still, it is equally true that lawyers are to be found for a fee to defeat justice and turn criminals loose on society. The answer of course is that it is the business of lawyers to work for a fee and make the worse appear the better reason. All that can be said on this subject is that lawyers and doctors are men, and men have their own "moral tone." From the standpoint of good morals, it is doubtful whether the lawyer who uses a false plea for a fee, is any better than the doctor who sustains it for a fee. If life is simply a game of cards, as has been said, cheating is only reprehensible when found out. On this subject an able attorney once said in my hearing, in a court room, "Science has no morals; it consists of facts and laws." "Yes," replied the judge, "but he who prostitutes Science is himself a criminal."

Heredity, I said at the outset, is an indisputable fact in nature. It is implied in the very words, "genera" "and species," according to which every organism is originated "after its kind." Nothing I have said questions or militates against the fact of the transmission of race types and characteristics of family, or tribal, or national traits. The hopes and destinies of modern civilization itself are in a measure wrapped up in the noble potentialities which a beneficent Creator has imbedded in the constitution of human nature, which it is the probation of mankind to develop, through successive generations. What I wish to combat is the notion of the direct transmissibility of disease, as such; the monstrous figment of scientific pessimism, that the abnormalities and lesions of the human organism can acquire any such persistent and stable character as its own *vivida vis* itself, that nature puts a destructive force on an even race with the constructive in any of her operations; an idea which ought to be contrary to any philosophic system of evolution itself. It is a law of all organisms to reject whatever is foreign to its own normal condition. If all that is claimed for "morbid heredity" be true, it would be a cumulative process which must eventually swamp the vital energies of the world. It seems philosophically absurd to assume that a force, opposed to organic life, can so seat itself in the constitution of an organism as to perpetuate itself by that organism's generating power. Nature rejects or eliminates the taint of death. No sooner do the decaying elements enter the earth than they are transformed into life-giving agents and "that which is corruptible puts on incorruption."

The earth itself, is not more surely the purifier of all corruption, than the stream of human vitality which shows its recuperative tendency to cast out and

eliminate the elements that are hostile to its own existence and welfare. It is a benevolent principle impressed upon the natural world, which, like its own indefinable beauty, appeals only to a being of god-like reason and imagination, and inspires the wistful hope of the poet—

> "That somehow good
> Will be the final goal of ill,
> To pangs of nature, sins of will,
> Defects of doubt, and taints of blood."
>
> *Tennyson—In Mem.*

PROGRESS IN THE TREATMENT OF THE INSANE.*

BY HENRY PUTNAM STEARNS, M. D.,
Superintendent of the Retreat for the Insane, Hartford, Conn.

The subject your committee has assigned me is certainly a broad one, and might easily be construed as covering a long period of time. I assume, however, that it was not the intention that I should refer to the last century, or to the early portion of this century, but rather to embrace a period corresponding somewhat nearly to that during which this Association has been in existence.

It will therefore be my purpose to limit what I have to present concerning progress in the treatment of the insane to the last fifty or sixty years.

The primary aim or purpose of the physician in the treatment of disease in general or special is, undoubtedly, its *cure*, and in the measure in which he succeeds in securing this grand desideratum, in that measure can he be regarded as making progress. But in addition to this primary aim there exists a secondary one, which is of hardly less importance, namely, the relief of suffering, and the increase of comfort for his patient while passing through the necessary period of either functional or organic disease.

Concerning the first of these points, namely, the *cure* of disease, it may be admitted at once, that it is exceedingly doubtful, whether we shall ever be able to appreciate very accurately how much we have done in this

* Read at the thirty-eighth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, in Philadelphia, May 13th, 1884.

direction. There are so many factors embraced in the problem the most important of which reach back into the hereditary history of the individual, and others, which are largely affected by his or her past experiences, that it is not likely ever to be possible to say how much we do in the curative process. After all our efforts, nature is pretty sure to come in for the lion's share of credit in nearly all cases, and, if wise, we shall be only too willing to sit as humble observers at her feet and pleased if we may assist in any small degree in this great process, which has been, and must continue to be carried on in her laboratory if anywhere.

In relation, however, to the second point, namely, the conduct, or general management of disease, we are able to judge much more clearly how much has been done, and whether there has been improvement and consequent progress. I think the claim that there has been real progress in this direction during the last fifty years will not be considered presumptuous; that we have learned much in relation to the hygienic conditions necessary in the sick room; that we have learned something in reference to the importance of systematic nursing and a nourishing diet for those suffering from disease; something as to the causes and limitations of diseased conditions, and consequently that much which was formerly considered necessary, is not only not so, but likely to prove injurious; that the resources of our art, in the way of medication have been greatly improved; that while we may use a less number of remedies, we have a more accurate knowledge as to their physiological action, and possibly better results; and, especially, that we are able much more largely to relieve pain in many of its forms, than was the case fifty years ago. Improvement in these and other directions, the physician need not be a medical optimist to claim.

Now the question of this hour is whether it can fairly be claimed that there has been anything like similar progress in the treatment of the insane.

To answer this question in full would necessitate a review requiring more time than I have at my disposal or than you would be willing to accord me in hearing, and for reasons already alluded to in reference to the *cure of diseases* in general, I shall not refer to that branch of the subject nor to the subject of medical treatment. My paper must be limited to a few points relating to the moral treatment of insanity.

In the presentation of subject matter in relation to these points I shall necessarily be obliged to offer statements which are perfectly familiar to, at least, all the older members of this Association, and if they were so to all, I must beg you to bear in mind that the subject you have assigned me is one of a retrospective character, and that it is sometimes profitable to review even the recent past. At the date of the formation of this Association, there were in operation in this country twenty-four hospitals and asylums for the insane with capacity for about three thousand patients. (No account is taken in this paper of the few private homes for the insane which were existent at that time.) In Massachusetts, New York, Pennsylvania, Virginia and Maryland, each, there were two, while in no other State was there more than one, and in several, none. The general population of the country at that date, was not far from 18,000,000. The provision for the insane, therefore, was about one bed for every six thousand of the population. At the present time there are eighty-four state or corporate hospitals and asylums in the country, having a capacity for, say about 35,000 beds, while the general population amounts to about 55,000,000. We, therefore, at present, have one bed for about 1,500 of the

population, as against one in 6,000 forty-five years ago. In other words we have about four times more provision for the insane in proportion to the population of the country than we had in 1844. Presenting it in still another way, while the general population has increased 300 per cent, the number of our hospitals has increased more than 500 per cent, and the number of beds more than 1,100 per cent.

The general character of the hospitals also, has largely changed during this period. I have not the estimates which would indicate even the approximate cost of any one of the asylums of that date, but there can be no question that they were greatly inferior as to design, architecture, finish, convenience of administration, manner of heating, water supply and general cheerfulness of the halls, rooms and grounds. The appearance of hospital buildings both internally and externally has also greatly improved; and chapels or rooms for religious services, and for the purposes of amusement have been provided to a much larger extent than was the case forty years ago. On the other hand, the institutions of that period were much smaller than most of the present State asylums, and so far forth were better adapted for the successful treatment of the acute classes of the insane which at that time were a larger per cent. of the asylum inhabitants than at the present time.

Notwithstanding this last point, however, viewing the insane as a whole, both acute and chronic, and their requirements and numbers, I think we are warranted in claiming that there has been a large advance within the last forty-five years, as to this primary requisite for their treatment. That we have arrived at the best results in this respect which are attainable, or to those which are in all respects satisfactory and practicable, I think will hardly be claimed. The fact that in some of the States,

we are reaching out towards changes in asylum provision for that large class of the insane which is every year becoming larger, indicates the contrary. In New York, Connecticut, Illinois and the District of Columbia, there have already been erected buildings supplemental to those comprising the central asylum for these classes. Dr. Earle has recently recommended the erection of an additional small hospital within the enclosure of the grounds for treatment of the acute class of his patients. These are but indications of yet other changes which are likely to come in our provisional arrangements for care and treatment.

It is, however, but just towards those who have gone before, to add that the above plans are but proposals to carry out in a slightly modified form, plans suggested more than fifty years ago.

Spurzheim,* (quoted by Dr. Woodward in his report for the year 1832,) says:

> Convalescents ought to be separated from patients under curative treatment; their habitation requires less care as to division, and the internal arrangement may be more general. They ought to form a large family, and not one ought to be idle. The house for convalescents may be in the neighborhood of the division for harmless patients, etc.

Dr. Woodward continues:

> If to the present arrangement, could be added a cheap building as a retreat for incurables, (of which this institution will always have a large share) this establishment would combine all the advantages which could be desired in a hospital for the insane. A quiet and undisturbed asylum for incurables; lodges for the violent and noisy; the great hospital for the recovery of curable cases, old and recent; and a peaceful and pleasant abode for convalescents. By this arrangement, the expenses would not be enhanced, excepting so far as would be necessary to erect the buildings themselves, as a much larger class of private patients might then be accommo-

*Annual Report of the State Lunatic Hospital, Worcester, Mass., 1832.

dated. The inmates would require but little restraint, might ride or range the grounds at pleasure, living together in one family, and uniting in amusement or labor, as would be most beneficial and agreeable.

This was the opinion of the first president of this Association as expressed more than fifty years ago. How entirely at variance with any such arrangement in hospital construction has been the plan actually carried out in this country we all understand. One thing, however, is certain, if any such plan in hospital construction was desirable at that date, and for the small hospitals existing at that time, it should be much more so at the present time with the large ones now in use. If, with the comparatively small number of the chronic insane in any one hospital at that time, it was important that the curable and convalescent should be placed in separate buildings where they would receive special attendance and treatment, it must be greatly more so, when the numbers of the chronic class are so much greater in all our State asylums.

In this respect, then, there has been in some of the States a departure—one looking back towards what was thought to be desirable fifty years ago, and the question is pressing us to-day, coming from many quarters, whether this departure is in the right direction. Our experience is as yet only in the experimental stage, but so far as it has gone I believe it is thought to be satisfactory. It relieves the crowded condition of the central asylums, and makes room for the acute and curable class. It provides for frequent observation by persons whose duty it is to be intimately associated with them. By such an arrangement a large number of the chronic insane may be removed from a kind of life necessarily routine in character, and from crowded halls to annexes near the central asylum where they

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may be more readily classified and employed in some kinds of useful labor. A larger measure of personal liberty is more easily provided for, and a kind of life more nearly resembling that of home. These are the conditions which are specially adapted to recoveries among the chronic insane. And finally, such an arrangement has thus far been carried out at a less expense in construction than with the former plans, and yet, the buildings are provided in all respects with requisites for the comfortable care and treatment of the class for which they are designed. There can no longer be any question that at the present time, and, indeed, in the future, this is to be a most important element, in the problem of hospital provision for the insane. Whatever opinions may have existed in the past in relation to this matter, hereafter the public will certainly take into consideration as fundamental, the matter of *cost*, in what may be done, and any plan which shall prove itself feasible and at the same time less expensive than the one heretofore so generally adopted will be sure to win its way in public favor. The question is no longer, what is absolutely the best plan in relation to administration, architectural appearance, or endurance of structure, but rather what is practicable in provision for the whole number of the insane, so many of whom are now in town and county poorhouses, or in jails. Moreover, it is thought that we need not be especially anxious to build hospitals for succeeding generations, that they may safely be left to do this for themselves; indeed that they may prefer to do so, as the conditions of the problem may hereafter become modified in some degree.

In passing, it may be worth while to bear in mind that progress in the management of the insane in Scotland has been in some respects in the same general

direction, though in details of arrangement somewhat different, and doubtless better adapted for that country than this, by reasons of the differing conditions of society; and I may add that, in my view, progress in the treatment of the insane, in the future, will largely depend upon arrangements pertaining to hospitals, that is, such arrangements as will lead to the individualization of patients.

The next point to which I will call attention is that of *occupation.*

Within the last fifteen years much has been written more especially by our confreres on the other side of the water, as to the importance of physical labor by the insane as a remedial agent especially for the convalescent and chronic insane. Dr. Rutherford of the Lenzie Asylum, told me ten years ago, that for most of even the acute insane he regarded labor of more importance than anything else, and that he rarely had patients who did not labor, except they were physically unable to do so. So important has this subject recently become in England and Scotland that the percentage of inmates of asylums, who are employed, is published in their yearly reports or elsewhere, and the subject is regarded in a manner which implies that a new principle of treatment has been discovered, or, at least, as if the importance of labor by the insane had never before been understood. In this connection, it may be of interest to recall what was written forty or fifty years ago by some of the founders of this association on this subject.

Dr. Earle, in his yearly report for 1845, wrote as follows:*

> Of the means included under the head of Moral Treatment, manual labor, useful employment with the hands, justly claims

* Annual Report of the Bloomingdale Asylum, 1845.

pre-eminence over all the others. At a certain stage of the disorder, when medicine has exerted its influence to a degree sufficient to enable the person measurably to exercise self-control, employment comes in as one of the most powerful of restorative measures. No one is compelled to work, but inducements are sometimes presented to encourage him to engage in it. A lunch or other trivial privilege out of the ordinary course has often opened the way, in this manner, to a complete restoration of the person diseased.

He then cites cases which, he claims, prove "cogent arguments in favor of giving to manual labor that pre-eminence which has already been assigned to it."

Dr. Woodward in the same year wrote on the same topic:*

There is now no difference in opinion among those who manage the insane, relative to the value of employment. The insane should never be idle. By employment the maniac expends his excitement in a reasonable and proper way, which he would otherwise exhaust in noise, violence and mischief. The depressed will, by employment, be withdrawn from the theme of his gloomy musings to the consideration of other subjects calculated to disengage his mind from the influence of his delusions and the wretchedness of his condition. While actively engaged, the mono-maniac forgets his vagaries, brings into action powers which have been cast into the shade by intense contemplation of isolated subjects. The convalescent, by occupation, strengthens his physical powers, and brings his mind into regular channels of action. All are the better for employment. With it the mind is kept active and vigorous; without it, it is constantly becoming more limited in its sphere. Nothing is so hard for the sane or insane as inactivity and idleness. Our object is, as far as possible, to keep patients employed, and the more labor they perform the better off they are, generally.

Dr. Trezevant, (of South Carolina), says,† "It is now the custom in the northern institutions to keep the patients employed at some trade or on the farms." Of

* Annual Report of the State Lunatic Hospital, Worcester, Mass., 1845.

† American Journal of Insanity, 1845.

this proceeding he fully approves, and even goes so far as to argue that patients who are unwilling to work ought to be forced to do so in some measure, as we oblige children to work.

Dr. Bell, in his report for 1838,† wrote that he attributed his success in the treatment of the insane to—

> Well directed and perseveringly applied employments of mechanical and agricultural labor. In fact from morning to night, it is our constant endeavor that the patient should have as few moments to himself as possible. A farm, a garden, a nursery of fruit and ornamental trees, a carpenter's shop, the sawing, splitting and piling of wood, a bowling alley, a billiard table for each sex, chess, cards, draughts, drawing and surveying materials, a well adapted library, five or six horses and carriages, musical instruments and other modes of labor or amusement. Notwithstanding the immense value of all these means of interest and amusement, there is one appliance of moral treatment, which has proved immeasurably superior to all others, as regards a large class of male patients. It is a systematic, regular employment in useful bodily labor. There is probably no institution in the world where the value of this has been more fully tested than in this. Merchants, lawyers and physicians have been found amongst those most willingly and usefully interested.

It thus appears that forty-five years ago the experiment of labor, for the insane, had been tried for so long a time and with such favorable results, that there existed but one opinion among superintendents of institutions in this country as to its great importance. It is not my present purpose to argue the question of the value of labor for the insane, or to pass judgment as to the correctness of the views held at that time by our alienists, but simply to call attention to the fact that no one has since gone further than they did in its employment, nor in the belief of its importance as a remedial measure. Whatever of value it has for any class of the insane was as fully understood and as fully

† Annual Report of the McLean Asylum, 1838.

attained fifty years ago as it has ever been by others, since that time. In reference to means of occupation other than those of labor, I may say that opinions were similar to those held at the present time, as to all kinds and forms of amusement and recreation. We have, however, one large advantage in carrying out these methods of occupation which they did not. In most or all our institutions, there has been erected a large hall especially devoted to the subject of amusements, so that the long winter evenings which are usually the most tedious and difficult to pass pleasantly are, many of them, made greatly interesting and conducive to convalesence.

Our next point of inquiry relates to the subject of *restraint*—or the so-called *non-restraint* system as it is at present practiced in the English asylums. This was a subject concerning which fifty years ago, there was no less difference of opinion than there is at the present time, and from that time to this, the field has been ploughed and cross-ploughed, and harrowed till there can be little additional cultivation. But as it lies at the foundation of all rational treatment of the insane, it can not be wholly passed over in any retrospect, however cursory, of the moral treatment of the insane. That we may understand the views prevalent among the superintendents of our first asylums on this subject, I must again let them speak for themselves:

Dr. Bell of the McLean Asylum,* in 1841 writes as follows:

> I beg leave to repeat the statement made in my report for 1840, founded on personal observation of what they there (superintendents in England) choose to term the disuse of restraining means, that this improvement can never be introduced into this, or I believe any of our northern institutions, for the reason that the evil never has existed in any of them.

*Annual Report of the McLean Asylum, 1842.

Common justice compels me to affirm that, in just, kind, enlightened management, and in judicious, medical and moral treatment, considerable observation of institutions at home and abroad satisfies me that no essential or considerable improvements have been made on the system first adopted at this institution. For some years the average number of patients under the restraint of leather mittens has not exceeded one per cent. and week after week elapses without even a single instance.

Mechanical restraint was almost entirely disused in 1842, and might have been entirely so.

Dr. Woodard,* in 1845, wrote that:

Restraints were never so common in this country as in Europe, and though not wholly adandoned, are rarely used to any great extent. I have been more or less intimately acquainted with institutions of this character for the last twenty years, (Dr. Woodward, before he became superintendent of the Worcester Asylum, was one of the medical visitors at the Hartford Retreat, near which he lived,) and I have had the care of nearly eighteen hundred patients during the last eleven years, yet I never saw a leg-lock, a tranquilizing chair or a muffled hand garment; neither have I seen a straight waist-coat for ten years, nor any other instrument of severe restraint.

In 1838 he says:

With every room in this large establishment occupied, amounting to more than two hundred and thirty patients, but one individual, either man or woman, in our wards has any restraint whatever on their person. At least one-third of these patients have gone unrestrained during the past season spending day after day, and week after week, in this independent manner, and no one has escaped.

Dr. Earle† says:

In our individual experience we have found that in proportion as we become acquainted with the insane, with their tempers, dispositions, habits, powers of self-control, and capabilities of appreciating the ordinary motives which influence the conduct of man-

* Annual report of the Lunatic Hospital, Worcester, Mass, 1845.

† Annual Report of the Bloomingdale Asylum.

kind, has our opinion of the degree to which these means (restraints) are necessary, been diminished.

Our practice has corresponded with this change of opinion, and the results have been eminently satisfactory. At the present time there is no patient in the asylum, upon whose body or limbs there is any apparatus of restraint. It is not asserted, for it is not our opinion, that restraints upon the limbs are never necessary. On the contrary, we believe there are cases in which the application of them is the most judicious course which can be pursued.

During the last three years the muffs have not been used more than two or three times annually, and in those, but for a day or two, or at most, but for a few days each. There was one period of thirteen months during which restraint was resorted to but in two cases in the men's department. On one of these, the patient, while in a condition of typhoid delirium, wore a camisole three days, and in the other the patient's hands were similarly confined, a few hours, to insure the vessication of a blister. Although cases requiring these means of restraint are not numerous, still the experience of this institution thus far has been that they may occasionally be employed with advantage.

Dr. Kirkbride,* in 1845, writes:

Restraining apparatus has very rarely been used in this establishment, and the seclusion of patients to their chambers is resorted to as little as possible. Several months have frequently elapsed without any form of apparatus being employed, and very often out of 150 to 170 patients, many days elapsed without a single one being confined to their room for a single hour.

Dr. Ray,† in 1846, writes:

That in those institutions where restraint is still practiced it seldom exceeds one or two per cent; that for weeks and months together it may not be used at all, and that in good order, quiet and general condition, they are inferior to no other. I can not help concluding that this question of non-restraint has received a degree of attention, altogether disproportionate to its intrinsic merits. I do not mean to sanction the idea that the imposition of restraint is an unimportant matter. On the contrary, I would have it regarded as in most cases a necessary evil, used only to prevent a greater.

* Annual Report of the Pennsylvania Hospital for the Insane.

† JOURNAL OF INSANITY, page 558.

Such were the opinions of superintendents of institutions forty or fifty years ago in this country, and I think I am justified in asserting that the opinion of the larger proportion, if not all, the members of this Association at the present time is very nearly in accordance with them; that is, that while restraints upon the free movements of the persons of the insane should be very rarely used, and never used except by the express direction of the physician; and that in all well equipped, and well conducted, and not overcrowded asylums, cases requiring these restraints are comparatively rare, not exceeding as a rule more than one or two per cent, and frequently for long periods none at all; yet that cases do occasionally occur in which the use of a mild form of restraining apparatus for brief periods is the most safe and the most humane method of treatment known.

Now it is not my purpose to enter upon any extended remarks on this point or its bearings. Indeed, I believe that little, if anything, new can be adduced either for the total abandonment of mechanical restraint or its occasional use. The purpose at the present time is simply to note the fact that the question stands to-day where it did fifty years ago; that there has practically been little change in opinion; and I venture to predict that there will be little in the fifty years to come, at least, in this country. This will come to pass in the very nature of the case. It is not one to be decided by a central authority or advisory board as in England, acting upon and influencing all superintendents alike, but, on the contrary, is a point into which what we may term the element of personal equation largely enters. One might almost as soon expect to select a hundred practitioners of medicine from the profession at large, or fifty of the graduating

class in any one year from any of our large medical schools, and find that they prescribe the same remedies, or direct the same hygienic conditions for patients affected with any of the well recognized forms of disease. We should hardly expect to find five of the fifty or one hundred whose judgment as to the use of remedies, or any one remedy would in each case agree in all respects. While there are certain established principles underlying the system of treatment in the various forms of disease, yet these several physicians, if they are men of any amount of individuality, will be quite sure to differ in the detail of carrying out those principles, and this will extend to the use of nearly or quite all medicines, and the conduct of disease.

For similar reasons, we should not expect to find one hundred physicians, coming from all portions of the country and from many different schools of medicine, and divers medical instructors, and asylums, all following in exactly the same line of treatment even in reference to the use of mechanical restraint. Tact and skill in management, and a persevering determination, not easily baffled, to find out ways and means requiring the least restraint, go a long way towards its abolition, and these are elements of personal character which vary very largely in different individuals, and even in the same individual at different periods of his life. While some will be able to manage all cases most judiciously with very little or no mechanical restraint, others with equally conscientious motives and purposes will fail to devise the requisite means of doing so. Physicians will therefore honestly differ in practice on this subject, unless there shall exist some central advisory authority, backed up by public sentiment which will practically decide the course to be pursued. This condition is not likely to exist in this country for some years to come.

The desideratum, therefore to be sought for in this direction is an educated superintendence, which shall hold it as a cardinal principle to use mechanical restraint in the treatment of the insane *only as a dernier ressort.*

A few words only in reference to one other subject, namely, *personal liberty.*

Recently, Dr. Frazer formerly superintendent of the Fife and Kinross District Lunatic Asylum, at present one of the Deputy Commissioners in Lunacy, for Scotland, wrote as follows concerning the features which especially distinguished his asylum:*

> First—unlocked doors; 2nd—the great amount of freedom, and 3d—the large number on parole.

In relation to the first point he adds:

> This bold advancement in the treatment of the insane is wholly due to Dr. Batty Tuke. It is to his original mind and to his faith in the adage "The more you trust the more you may," that this new era in the life of the insane has been initiated. I believe that the conditions above described coupled with constant occupation, are the most favorable; but, occupation is what I have most confidence in.

In 1845, Dr. Woodward wrote that—†

> At least one-third of all these patients (at that time present in his hospital) have gone unrestrained during the past season, spending day after day and week after week in this independent manner, and no one has escaped. There is now no difference in opinion among those who manage the insane relative to the value of employment. The insane should never be idle.

Dr. T. S. Clouston,‡ the accomplished superintendent of the Royal Edinburgh Asylum, and the author of the latest work on Mental Diseases, recently wrote as follows:

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* Report of the Massachusetts State Board of Health, 1878.

† Annual Report of the State Hospital, Worcester, Mass.

‡ Report of the Massachusetts State Board of Health, 1878.

My practice in regard to patients, especially of the higher class, is to allow them from the first, as much liberty as I possibly can, putting many of them on parole very soon, and trying to make them feel that they are here really as invalids and not as prisoners. Unquestionably, in those cases where I can thus trust patients, they are happier and recover sooner than they otherwise would. Of course, in some cases I can not do so. Out of 77 patients of the higher class, over 30 are on parole, 22 of them living in cottages or pavilions where the arrangements are perfectly homelike.

It is now very nearly sixty years since Dr. Todd, the first superintendent of the Hartford Retreat, made the following public announcement:*

It is our endeavor to make the Retreat an eligible place of residence; to allow the patients every liberty consistent with their safety, and to subject them to no severe restraint. But in order to secure this desirable object it is necessary to be provided with a competent number of attendants, who, by assiduity and vigilance, *shall supply the place of bolts and keys.* It is their business to walk or ride with the patients, to engage with them in their various schemes of recreation, and if possible to induce them to engage in some useful employment. The expense of supporting patients is materially increased by the plan to which we have alluded, but when it is remembered that it is attended with greater success; that it is more humane, it will be admitted that no other, or at least that no better course could be adopted.

The first business of the physician on the admission of the patient is to gain his entire confidence. With this in view, he is treated with the greatest kindness, however violent his conduct may be, is allowed all the liberty his case admits of, and is made to understand, if he is capable of reflection, that so far from his having arrived at a mad-house where he is to be confined, he has come to a peaceful and pleasant residence, where all kindness and attention will be shown him, where every means will be employed for the recovery of his health.

In no case is deception on the patient employed, or allowed; on the contrary, the greatest frankness as well as kindness forms a part of the moral treatment.

The statements above quoted from Drs. Clouston and Frazer were recently made. That of Dr. Todd was

* Annual Report of the Hartford Retreat, 1826.

made in 1826, and that from Dr. Woodward in 1845. If, in the essential principles of the care of the insane in relation to liberty and reasonableness of treatment and general management, there exists any advance, as indicated in the more recent statements, I am unable to perceive it. The quotations from Drs. Clouston and Todd are so nearly identical, in spirit and detail, that either would doubtless have been willing to adopt that of the other for his own. While I am unable to state how far Dr. Todd actually did do without "*locks and keys*," yet he here distinctly announced it as one of the fundamental principles of his practice, to do so, and declares that he carries it into operation as far as possible, and in lieu of them used, as do Drs. Tuke and Frazer, attendants instead, to protect his patients.

I have referred to the four principal points connected with the moral treatment of the insane, viz.: Hospitals, occupation, restraint and personal freedom. It has been my purpose to reproduce from the writings of those men who were the pioneers in the treatment of the insane in this country, and founders of this Association, their views and practices in relation to these several subjects. How far progress has been made in the details of any one or all of these subjects is a question I do not require to answer further. It is important to bear in mind that practice concerning these points differs at the present time to a considerable degree in different hospitals, and in all probability will continue to do so, and that the amount of occupation, freedom, and restraint, in the hospitals of the country at any period of time, will largely depend on hospital construction, hospital crowding, means for individualizing patients, and *on those who may chance to have charge of them for the time being.* For these reasons progress in the treatment of the insane will be a variable quantity.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Thirty-eighth Annual meeting of the Association was called to order at 10 o'clock A. M. Tuesday, May 13, 1884, at the Continental Hotel, Philadelphia, Pennsylvania, by the President, Dr. John P. Gray.

The President, Dr. GRAY. The first order of business is the reading of the minutes of the last meeting held at Newport, R. I., June 1883.

The minutes were then read by the Secretary, Dr. Curwen, and were approved.

The following members were present during the session:

J. B. Andrews, M. D., Buffalo State Asylum for the Insane, Buffalo, N. Y.

J. P. Bancroft, M. D., Asylum for the Insane, Concord, N. H.

W. J. Bland, M. D., Hospital for the Insane, Weston, W. Va.

J. P. Brown, M. D., Lunatic Hospital, Taunton, Mass.

W. T. Brown, M. D., State Asylum, Stockton, Cala.

R. M. Bucke, M. D., Asylum for the Insane, London, Ontario.

D. R. Burrell, M. D., Brigham Hall, Canandaigua, N. Y.

J. H. Callender, M. D., Hospital for the Insane, Nashville, Tenn.

H. F. Carriel, M. D., Hospital for the Insane, Jacksonville, Ill.

George C. Catlett, M. D., Lunatic Asylum, No. 2, St. Joseph, Mo.

Walter Channing, M. D. Brookline, Mass.

John B. Chapin, M. D., Willard Asylum for the Insane, Willard, N. Y.

R. H. Chase, M. D., State Hospital for the Insane, Norristown, Penn.

Edward Cowles, M. D., McLean Asylum for the Insane, Somerville, Mass.

John Curwen, M. D., State Hospital for the Insane, Warren, Penn.

A. N. Denton, M. D., State Hospital for the Insane, Austin, Texas.

R. S. Dewey, M. D., Eastern Hospital for the Insane, Kankakee, Illinois.

Pliny Earle, M. D., Lunatic Hospital, Northampton, Mass.

Orpheus Everts, M. D., Cincinnati Sanitarium, College Hill, Ohio.

Theodore W. Fisher, M. D., Lunatic Hospital, Boston, Mass.

T. M. Franklin, M. D., City Lunatic Asylum, Blackwell's Island, N. Y.

J. Z. Gerhard, M. D., Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

W. W. Godding, M. D., Government Hospital for the Insane, Washington, D. C.

John P. Gray, M. D., State Lunatic Asylum, Utica, N. Y.

Eugene Grissom, M. D., Insane Asylum, Raleigh, N. C.

John C. Hall, M. D., Friends' Asylum for the Insane, Frankford, Philadelphia, Penn.

C. J. Hill, M. D., Assistant Physician, Mount Hope Retreat, Baltimore, Md.

S. Preston Jones, M. D., Pennsylvania Hospital for the Insane, Male Department, Philadelphia, Penn.

A. T. Livingston, M. D., Wa-Wa, Delaware County, Penn.

P. L. Murphy, M. D., Western North Carolina Asylum, Morganton, N. C.

Charles H. Nichols, M. D., Bloomingdale Asylum, New York City.

George C. Palmer, M. D., Asylum for the Insane, Kalamazoo, Mich.

J. Willoughby Phillips, M. D., Assistant Physician, Burne-Brae, Kellyville, Pa.

T. O. Powell, M. D., Asylum for the Insane, Milledgeville, Ga.

A. B. Richardson, M. D., Asylum for the Insane, Athens, Ohio.

D. D. Richardson, M. D., Department for the Insane, Almshouse, Philadelphia, Penn.

J. D. Roberts, M. D., Eastern North Carolina Asylum, Goldsboro, N. C.

Ira Russell, M. D., Highlands, Winchendon, Mass.

John W. Sawyer, M. D., Butler Hospital for the Insane, Providence, R. I.

S. S. Schultz, M. D., State Hospital for the Insane, Danville, Penn.

A. M. Shew, M. D., Hospital for the Insane, Middletown, Ct.

George S. Sinclair, M. D., Assistant Physician, Hospital for the Insane, Halifax, Nova Scotia.

E. E. Smith, M. D., Assistant Physician, Hospital for the Insane, Morris Plains, N. J.

Henry P. Stearns, M. D., Retreat for the Insane, Hartford, Conn.

J. T. Steeves, M. D., Provincial Lunatic Asylum, St. John, N. B.

J. Strong, M. D., Asylum for the Insane, Cleveland, Ohio.

H. A. Tobey, M. D., Asylum for the Insane, Dayton, Ohio.

G. B. Twitchell, M. D., Keene, N. H.

J. M. Wallace, M. D., Asylum for the Insane, Hamilton, Ontario.

John W. Ward, M. D., State Lunatic Asylum, Trenton, N. J.

The Secretary read letters from Dr. A. P. Tenney, of Topeka, Kansas, and from Dr. A. E. Macdonald, of New York, regretting their inability to attend. The Secretary also read resolutions notifying the Association that Dr. W. T. Brown had been elected Superintendent of the State Asylum at Stockton, California, vice Dr. Shurtleff, resigned.

Dr. GRAY, President. There are some gentlemen present who are not members of the Association—Managers and Trustees of institutions, Commissioners in Lunacy, etc. In accordance with custom and a standing invitation of the Association, we should be glad to have members introduce them that they may take part in the proceedings.

Dr. Chapin introduced Mr. D. A. Ogden, a manager of the Willard Asylum.

Dr. Palmer introduced Dr. Foster Pratt, a member of the Board of Trustees of the Insane Asylum at Kalamazoo.

Dr. D. D. Richardson introduced Mr. P. C. Garrett, a member of the Committee on Lunacy of Pennsylvania, and Dr. A. J. Ourt, Secretary.

Dr. Steeves introduced Dr. LeBaron Bottsford, ex-president of the New Brunswick Medical Association, and Hon. A. G. Blair, Attorney-General, Commissioners of the Provincial Insane Asylum of New Brunswick.

These gentlemen were all invited to attend the meetings of the Association and take part in the discussions.

Dr. GRAY, President. Resolutions are in order.

On motion of Dr. Curwen the Committee on Lunacy of the State of Pennsylvania, were invited to attend the sessions of the Association.

Dr. CURWEN. Mr. President, I beg leave to offer the following resolution which seems proper at this particular point:

Resolved, That in the death of our fellow-member, Dr. Thomas S. Kirkbride, this Association has lost one of its ablest associates, who, during the whole period of its existence, had given to it most earnest and devoted thought and attention, and whose counsels were always wise, cautious and most enlightened.

A kind, warm-hearted and sympathizing friend, a faithful and prudent counselor, a genial and cheerful companion and a most able, laborious and devoted physician and Superintendent. No one who was privileged to know him in these relations, can fail to feel the great blank which has been made by his removal.

Privileged to continue in active continuous service longer than any other member, his latest thoughts were given to the consideration of those things which would most benefit those for whom, for more than forty years, he had thought and labored.

I move also that the President appoint a committee to prepare a memorial of Dr. Kirkbride to be preserved in the minutes of the Association.

The President, Dr. GRAY. The resolution is before the Association.

Dr. NICHOLS. I cordially second the resolution that has just been offered. I think the terms are appropriate, and I hope it will pass.

Dr. GRISSOM. Mr. President. In this connection I desire to lay before the Association a resolution adopted by the Board of Directors of the North Carolina Asylum at Raleigh. Dr.

Kirkbride's reputation and fame, and services, outside of the State of Pennsylvania, are perhaps nowhere better appreciated than in the State which I have the honor to represent. During his career, he had not only a large number of patients from that State, but was always ready to aid by wise counsel in matters pertaining to the provision for and treatment of the insane.

The resolutions were then read by the Secretary as follows:

Whereas, The Board of Directors of the North Carolina Insane Asylum have heard with deep regret the announcement, by the Superintendent, of the death of Dr. Kirkbride, therefore, be it

Resolved, That the Board desires to express and record its sense of appreciation of the eminent services rendered to humanity by Dr. Kirkbride during his half-century of service as superintendent of asylums for the insane.

That in his death the unfortunate insane have been deprived of a great, kind and tireless friend, and the managers of asylums of a wise benefactor and teacher.

That a copy of these resolutions be sent to the family of the deceased as a mark of condolence for their personal bereavement, and to the authorities of the institution over which he presided with such signal success, and to the Association of Superintendents of Asylums, soon to meet. Test.

P. M. WILSON, CLERK.

North Carolina Insane Asylum, Raleigh, N. C., May 5, 1884.

Dr. GRISSOM. Mr. President and Gentlemen of this Association. When the garlands of remembrances are hung at the door of the tomb of such a man as Dr. Kirkbride, the State which I have the honor to represent thinks it eminently proper that a spray of cypress should be offered from the South. It is good for us to pause and reflect upon the lesson which his example teaches, and to think of a life which for more than half a century was the sweet, serene pathway of a good man, intent upon his duty, with a heart warm with love for his fellow-men and a spirit as true to the demands of virtue and honor, as the needle to the pole. It is almost an act of supererogation to speak in this or any other community of Dr. Kirkbride's fame. His name in medical annals and councils has long been honored as a household word; and his memory around thousands of firesides will be cherished with the veneration of a Roman's reverence for his household god. This sun in the firma-

ment of our specialty, whose bright and brilliant rays in the early morn of its career scattered wide and far the mists of mental gloom, and which shone with genial and gentle warmth through the long summer day, unobscured by a single cloud, has at last calmly and majestically set, leaving a surrounding after-glow soft and beautiful, lingering upon the horizon of its career reluctant to vanish from the scene of its glory. Let us thank God that we have been permitted to witness this example of greatness and goodness, shining through such a long life of usefulness and unselfishness. Let us honor the memory and practice the virtues of this Sage, who moved among his followers like a genius holding the volume of accumulated wisdom, and dispensing with a modesty all his own, from the abundance of that knowledge which experience collects and diligence preserves. We are wont to praise the gallant mariner who rescues a drowning man; Grace Darling will live forever in story and in song, but how can pen or tongue tell the tale of this gray-haired hero whose career was one life-long struggle to save from despair those imprisoned spirits upon whom the world had already set the grave stone of oblivion,

"To dumb forgetfulness a prey."

Think how this man of delicate frame, of soft and gentle speech, stood for a lifetime on the ocean side of misfortune where the mental wrecks of numerous victims were tossed by the waves, and with cool head and unshrinking nerve rescued from destruction their frail barks and wafted them once more, with reason at the helm and hope at the prow, to seek yet again a prosperous voyage and a peaceful haven. Clothed and in their right minds those to whom the precious jewels of man's inheritance have been restored, bring to-day the brightest gems that sparkle in their mental crown to adorn the shrine of Kirkbride's fame. His mission was at last ended. He died, but not unexpectedly. He kept his lamp trimmed and his oil burning, for the coming of the Bridegroom. He cherished a constant remembrance of another life than this, another Judge than man, another ordeal than human opinion.

He did his duty at all times, in all places, to all men, and he enjoyed a wealth of noble thoughts, memories of noble actions, and hopes of a noble felicity. We have on this occasion mingled emotions of sorrow and gladness. We mourn that Dr. Kirkbride is dead: we rejoice that Dr. Kirkbride *can never die.* That omnipotent Providence which overrules our destinies has only

removed from this to a higher state of existence, a good man, a kind father, a loving husband, a faithful friend, a pure patriot, a distinguished philanthropist, an eminent physician, a sincere Christian. In this dispensation we lose a companion, his family a protector, the poor a benefactor, the afflicted a comforter, society an ornament, philanthropy an instructor, the profession a votary, religion an exemplar. But our temporal loss is his eternal triumph. So dear to him did the path of duty become, from long years of faithful habit that as age gently withered his strength he tottered on toward honor and immortality. He went down to the grave calmly and without a fear. His example will teach on earth while his spirit rejoices with God.

Dr. NICHOLS. I will call the question upon the passage of the resolution offered by Dr. Curwen. I think that has not been put to a vote yet.

The PRESIDENT. The resolution of Dr. Curwen is before the Association for discussion, and the resolution offered by Dr. Grissom refers to the same subject and is part of the remarks of that gentleman. The resolution is still open for discussion.

Dr. EARLE. I would like to know, Mr. President, whether this matter will come up in this Association again in any way?

The PRESIDENT. No; it is not likely that it will.

Dr. EARLE. If that be the case, and as I can not trust my own organs of speech, upon such an occasion, I shall make the single remark that I entirely and most cordially approve of the resolution and of the remarks that have been made.

The PRESIDENT. Any further remarks upon the resolution?

Dr. GRAY. Gentlemen of the Association. Before putting this motion I would like to add a few words to what has already been said in regard to Dr. Kirkbride. I first knew him more than thirty-five years ago, when I was a student in this city and was in a hospital here. I knew him then in association with other young men, as a friend of young men. With age, dignity, and position, he was remarkably accessible to young men. It seemed to give him the greatest pleasure and satisfaction to advance them and encourage them. From that date to the time of his death I knew Dr. Kirkbride well as a friend, and the eloquent remarks of Dr. Grissom have appropriately portrayed the beautiful character of this distinguished physician and superintendent. As Dr. Grissom has said, he was delicate in person, apparently frail in physical structure, but he possessed a large spirit. He was a man of great energy, great vigor of thought and action, though generally quiet

in his movements. He seemed to be a natural leader in his profession. Men followed him, listened to him, recognized him as a man of thought and reflection with a power of formulating his ideas distinctly and clearly, and of presenting them so plainly that I hardly recall an instance where his propositions were not accepted, because they were completed in his own mind before he presented them,—like the sculptor who fashions and perfects the figure before he unveils it to the world, so that they who see it hear not the sound of the hammer or chisel, nor see the dust produced in its formation. So Dr. Kirkbride wrought his work, fashioned in the mold of thought, and polished by experimental application, that it came perfect as from the hands of the workman.

When we look back through his history we must estimate him, not as though we judged him to-day, as though he had arisen now or within the last quarter of a century. It must be borne in mind he came upon the stage at a time when there was little that could be said in regard to the treatment of the insane. As we look back now we see that little had been done. We must go back with him as a man who framed (for he was one of its framers) the constitution, so to speak, under which this Association lives and acts. He was connected conspicuously with all the operations in organizing the Association, and with all of its fundamental resolutions and its great work from that day to this; his hand touched everything. More than this, in the institution to which he was so early appointed, years before the existence of this Association, he commenced the work of development of the structure of psychological medicine in this country,—building from within and building from without,—not alone a physical structure, but laying down principles for the guidance of those who might come after him. He was a progressive yet conservative man, with that self-poise which kept him from being carried away by seeming advances, and with that patience of judgment which led him to examine before approval or rejection, the ideas of others. He was among those who early recognized that the phenomena of disease were not made up from books, but only disclosed to the patient, toiling observer, in the light of experience.

He was himself a worker. The great utility of his life came from within; his aims were high and pure, and he urged his opinions with a simplicity and earnestness and unselfishness which made them not only unanswerable but irresistible. Any one reading the memorial of his life and work, traced by the hand and heart of his accomplished wife, through the long years of his use-

fulness, can not but be struck with the fact that he seems to have been associated with the origin and development of every advance made in the care of the insane. The narrative is, in fact, a compendium of the subject during the last half century, and Dr. Kirkbride stands as a foremost figure, especially in all that relates to the practical work accomplished in providing and organizing institutions of this class for our fellow-men.

As Dr. Grissom has said, he was not a man of this State nor of this great and good city; he was a man of the world—whose name is written in every State and in every country in the characteristics which Dr. Grissom has so eloquently portrayed. A man of strong, firm character, of great decision of will, of sound judgment, of high purposes; he was withal, the gentlest of men. He had a sweetness of manner which was like that of a woman, a tenderness of spirit which reached every man he met, and I venture to say there was no man with whom he came in contact that did not feel this. So he goes to rest! But, as Dr. Grissom has well said, Dr. Kirkbride can never die. His name will never perish from the earth while medical science and humanity have to consider the great questions which pertain to man and his welfare in this world and which reach on towards the world to come.

Gentlemen, you have heard the resolution of Dr. Curwen. Those in favor of the resolution will so signify by rising.

Unanimously carried.

On motion of Dr. Nichols, it was

Resolved, That the Secretary be directed to forward to the Directors of the North Carolina Insane Asylum the appreciation by the Association of the spirit which dictated the resolution in regard to Dr. Kirkbride.

On motion of Dr. Nichols, it was

Resolved, That the Secretary be requested to communicate to Mrs. Kirkbride so much of the resolution just adopted by this body as relates to her late husband, with the expression of the sympathy with which this Association unites with his kindred in lamenting his death and honoring his memory.

Dr. GRAY, President. The next business in order is the appointment of committees. I would name the following committees:

To Nominate Officers of the Association: Drs. Chapin, Grissom and Palmer.

On Time and Place of Next Meeting: Drs. Everts, Steeves and Powell.

On Auditing Accounts: Drs. Bucke, Brown and Catlett.

On Resolutions: Drs. Callender, Stearns and Strong.

The Business Committee named last year and now acting are Drs. Hall, J. Reed, Ward, and the Secretary.

A recess was taken until 12 o'clock.

On reassembling, Dr. Everts said:

In the proceedings this morning in relation to Dr. Kirkbride, I presume many other members of the Association, like myself, felt that silence was a more satisfactory expression of feeling than anything they could say, and the resolution passed, perhaps without such notice as should come from this Association. I therefore move that a committee of three be appointed to whom shall be referred the resolutions and all matters *in memoriam* in regard to Dr. Kirkbride, and I wish to decline a position on that committee myself.

Dr. CALLENDER. I second the motion.

Dr. GRAY. The motion of Dr. Everts, that a committee of three be appointed in reference to all matters *in memoriam* in regard to Dr. Kirkbride, is before the Association. Any remarks upon the motion are in order.

The motion was carried.

Dr. GRAY. As Dr. Everts has distinctly declined to be a member of that committee, the chair would name Dr. Curwen, Dr. Nichols, and Dr. Callender, as such committee. It is understood that Dr. Earle and others will communicate what they desire to say in writing to this committee.

Dr. CHAPIN. The Committee on Nomination of permanent officers of the Association for the year, respectfully presents the following: For President, Dr. Pliny Earle, of Massachusetts; for Vice-President, Dr. O. Everts, of Ohio.

Dr. NICHOLS. I move that the report be received and that its reception carry with it the appointment of these officers.

Carried.

Dr. Curwen presented an invitation from the Board of Managers of the Pennsylvania Hospital for the Insane to the members of the Association to visit the Male

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Department of that institution; from the Medical Society of the State of Pennsylvania to meet with them in session at the annex of the Union League Club; from the Board of Managers and Medical Staff of the Pennsylvania Hospital on Eighth street to visit that institution; from Dr. Henry H. Smith, President of the State Medical Society, of Pennsylvania, to a reception at the Academy of Fine Arts; from Dr. John C. Hall, Superintendent of the Friends' Asylum at Frankford, to visit that institution..

Referred to the Business Committee.

The Secretary read a letter from Dr. Buttolph, certifying Dr. E. E. Smith, Assistant Physician, as representative of the State Asylum at Morris Plains, N. J. Also a letter from Dr. Reed, of Halifax, Nova Scotia, introducing his assistant, Dr. George S. Sinclair, as representative of the Provincial Asylum.

The President, Dr. GRAY. The reception of assistant physicians presented in that way is one of the general regulations of the Association, and those gentlemen will take seats as members.

The President, Dr. Gray, then read his address as President, on Heredity, at the conclusion of which he said:

Gentlemen of the Association: I thank you for the honor conferred upon me in making me the presiding officer of this body. It is now my pleasant duty, in leaving the chair, to hand it over to the distinguished Nestor of our profession, Dr. Earle, of Massachusetts.

Dr. Earle, on taking the chair, said:

To all of us, gentlemen, this is an interesting occasion. The coming together at our annual meeting, the grasping of the hands of friends, the mutual looking once more, eye to eye, upon familiar countenances, the renewal of old friendships and the formation of new ones, and, above all, the hope that we may here gain something which shall assist us in our laborious duties at home,—all

these conspire to make this gathering abundantly interesting to every one of us. But you will pardon me if I claim that to me it is more—it is overwhelmingly more so than it can be to any other person now present. As I look around me I recognize the form and the features of no one of my compeers who, forty years ago assembled in this city, upon this street, and but two or three squares below us, to form this Association. Many of you, gentlemen, were then in your cradles; several, perhaps, were in their first swaddling clothes, and some were but dim shadows of the accidental or the incidental possibilities of the future.

With me and the companions of forty years ago, it has been and is but the repetition of history or of fiction, the history or the fiction of the old dinner party of thirteen men who met annually until, at length, the thirteenth one sat, sad and solitary at his anniversary meal. And this repeated story is now nearly told. Under these circumstances, to me, gentlemen, sufficiently suggestive in themselves, you have come with an offering the addition of which is, as a matter of sentiment, like the laying of the last sustainable straw upon the camel's back. Not longer to detain you, I simply, and from the innermost recesses of my heart, render to you my thanks.

Dr. CURWEN. On behalf of the Committee on Business, I would respectfully present the following report:

Tuesday, hold session for business, from 3 to 6 P. M.

Wednesday, hold session for business, from 10 A. M. till 1 P. M. At 4 P. M. meet the members of the Medical Society of the State of Pennsylvania, at the Union League Annex. At 5.30 P. M. visit the Pennsylvania Hospital, Eighth and Spruce Streets. In the evening attend the reception of Dr. Henry H. Smith, President of the State Medical Society, at the Academy of Fine Arts.

Thursday, hold a meeting for business, from 10 A. M. to 1 P. M. At 1.30 P. M. leave the hotel to take the train at Broad Street Station at 2 P. M. to visit the Friends' Asylum at Frankford, returning at 6 P. M.

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The report was adopted, and on motion, the Association adjourned to 3 P. M.

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The report was adopted, and on motion, the Association adjourned to 3 P. M.

The Association was called to order at 3 P. M., by the President, Dr. Earle.

The Secretary presented the report of the Committee to audit the accounts of the Treasurer. The accounts were found to be correct and a balance on hand of $6.25; and the committee recommended that an assessment of five dollars be levied on each member to meet the expenses of the Association.

The report was adopted.

Dr. Earle requested that each member should send him for this year two copies of their reports: one for the library of the hospital at Northampton, and one for the library of the Antiquarian Society of Massachusetts, at Worcester, and in the future send one report to the Antiquarian Society.

Dr. Earle stated that he had presented sets of the various reports of the Institutions for the insane, which he had accumulated through many years, to the Antiquarian Library; that they might be held as a permanent record of knowledge on this subject.

Dr. Curwen then read the address prepared by him, and stated that he had also prepared a full account of the names, with date of appointment and resignation, of each Superintendent.

After some discussion as to the manner of publishing the History, Dr. Everts offered the following resolution, which was, on motion, adopted:

Resolved, That the Secretary of the Association be authorized to publish five hundred copies of Dr. Curwen's Supplementary History of the Association, at the expense of the Association, provided that he shall send a written copy of all matters pertaining to each institution to the Superintendent of such institution for correction, fifteen days before publication, with notice to return the same within that time; one copy of such publication to be furnished gratuitously to each member of the Association. All copies required by Superintendents or other persons, in excess of

the number provided for, to be furnished at cost of publication by the Secretary. The copies to the members to be furnished unbound.

Dr. CURWEN. According to arrangements made the next paper in order was assigned by the committee to Dr. Earle. Owing to his health he was unable to prepare it and declined; the Secretary then wrote Dr. Shurtleff, of California, and asked him to prepare it. His health also failed, so that no address was prepared.

The President announced the next paper in order, "Progress in the Treatment of the Insane," by Dr. Stearns. (See this number JOURNAL OF INSANITY.)

The next paper was by Dr. Godding on "Progress in Provision for the Insane."

After the reading of Dr. Godding's paper the Secretary read a letter from Dr. Daniel Clark, of Ontario, expressing his regret at being unable to be present at the meeting.

On motion of Dr. Curwen, it was

Resolved, That the medical professions of Philadelphia and the members of the Medical Society of the State of Pennsylvania be invited to attend the sessions of the Association.

The Secretary then read the minutes of the session of the day, and on motion, the Association adjourned to 10 A. M., Wednesday.

The Association was called to order at 10 A. M., on Wednesday, by the President, Dr. Earle.

The Secretary read letters from Dr. H. M. Hurd, of Pontiac, Mich., from Dr. Gundry, of Catonville, Maryland, and Dr. J. S. Butler, of Hartford, Conn., expressing their regret at being unable to attend this meeting.

On motion of Dr. Chapin, Hon. D. Willers, one of the Trustees of the Asylum at Willard, N. Y., was in-

vited to a seat and to participate in the proceedings of the Association.

On motion of Dr. Palmer, Mr. Levi S. Barbour, of the Board of Public Charities of Michigan, was invited to attend the meetings of the Association.

The Secretary read an invitation from the Board of Trustees of the House of Correction, to the Association to visit that institution. Also a letter from Dr. John V. Shoemaker, inviting the members to a reception at his house.

On motion of the Secretary they were accepted and referred to the committee on business.

The PRESIDENT. The next business in order is the reports of the standing committees. The first committee, is that on the Annual Necrology of the Association, Dr. Theodore W. Fisher chairman.

Dr. FISHER. It was thought best not to present any memorial on the death of Dr. Kirkbride, as that was expected to be covered by the report of the Secretary, and also by such spontaneous offerings as would be heard on this occasion. I have, however, a sketch of the other deceased member, Dr. Gale, prepared by Dr. C. C. Forbes, of Arkansas, which I will read.

The subject of this writing was born in Owen County, Kentucky, on the 25th day of January, 1828. His life though cut off a little past middle age, was singularly eventful. Graduating when quite young from Transylvania University, at Lexington, in his native State, he entered the office of his father, an eminent and popular physician, as well as a wealthy and influential man; and after the usual term of pupilage, under the care of so interested and capable a preceptor, he was enrolled in the classes of the Jefferson Medical College of 1847–48, graduating with excellent standing the latter year.

His first location in the pursuit of his profession was at Covington, Kentucky, where, it is said, his practice was signalized from the beginning by marked success. While in this field he became a staff officer of the Cincinnati Commercial Hospital. After very creditable public service and while possessed of a flattering and remunerative private clientage, he was induced by his family and their friends to change his location to the midst

of the community in which he had been reared; where his personal worth was appreciated, it might be said, to a degree of partiality, and his professional capability and skill were recognized at once. A man of lively sympathies and of a generous and genial nature, he could never feel indifferent as to whatever affected in any way those among whom he lived and moved. He was distinctly and distinctively one of the people. Influenced by their wishes, he was twice elevated by their suffrages to the office of County and Probate Judge of Owen County. Subsequently he served his county one or more terms in the Legislative councils of the State, assuming a prominent part in their proceedings and leaving a highly creditable and flattering record.

At the beginning of the war, impelled by his ardent sympathies with the South, he entered the service of the Confederate States in Colonel D. Howard Smith's regiment, which constituted a portion of General John H. Morgan's famous command. His health failing from the energetic performance of his very arduous duties, he was obliged to resign his position and quit the service, After the war he settled in Louisville, where he immediately realized the eminence which he had already achieved. He very soon commanded a lucrative practice and assumed a prominent place upon the staff of the City Hospital, where his tastes affecting surgery most, he took an enviable stand among the many powerful and eminent men then and still identified with the specialty in that institution. Besides devoting considerable time to clinical teaching in the hospital, he also gave lectures for several seasons in the Louisville Medical College. He was chosen about the same time Secretary, who was also ex-officio financial manager, of the Physicians' Medical Aid Society.

In 1873, he was appointed surgeon to the Louisville, Cincinnati and Lexington Railroad, and a year later by the Paducah road to a similar position. In this capacity he served these roads till 1879, when he was appointed by Governor Blackburn as Superintendent of the Central Kentucky Lunatic Asylum, in which position he continued till the day of his death, which occurred, as remarkable, on the day fixed for his resignation of the office to take effect. Lately, Dr. Gale had realized very sensibly and painfully the aptness of the pithy and pointed words of somebody, that "a superintendent of an asylum for the insane dwells ever upon a volcano liable at any moment to empty a catastrophe." He was both confiding and indulgent, and trusted his subordinates perhaps unduly. Unfortunate occurrences, concealed from him,

led to charges which challenged investigation, and which eventuated in confirmation. Although the great mass of the testimony in the premises went very far to exculpate Dr. Gale himself, and to establish the goodness of his nature and efficiency of his management, still the worry and anxiety incidental to the proceedings so preyed upon his sensitive feelings and already failing health as, no doubt, to hasten his death.

In 1846, when in his nineteenth year, Dr. Gale was married to Miss M. C. Green, a most charming and estimable lady, whose death, in 1880, preceded his own. As the fruit of this union, three children survive their parents, one son and two daughters, all married. Only a few weeks ago he was joined in a second marriage; this time to Mrs. Susan Bryant, an esteemed and excellent lady, the daughter of Dr. Hughes, a gentleman of fine fortune and great influence, residing near Springfield, Kentucky.

In his personality Dr. Gale was a man physically of an exceptionally fine order; of commanding size, he was well-proportioned, gainly and graceful. Socially he was genial and unreserved, while he excelled as an agreeable and entertaining conversationalist. Although possessed of mental endowments and culture much above the ordinary plane, still his breeding and native modesty would never allow these qualities to even seem obtrusive. He died at the residence of his son-in-law, Mr. J. C. Reid, in Owen County, near the place of his birth, on the 22nd day of April, 1883, in the fifty-seventh year of his age.

The President, Dr. Earle. The next report in order is from the Standing Committee on Cerebro-Spinal Physiology, by Dr. Dewey.

Dr. Dewey read a paper entitled, "Notes on Promotion of Mental Health by Care and Training of Children."

The President. Will the members of the Association discuss this paper at this time?

Dr. Fisher. I do not rise to discuss the paper, but I think it is a step in the right direction, and if the Doctor would go through his whole hospital he might present us with valuable statistics in other years.

Dr. Gray. I hope that the orator in the upper corner will give us something on the subject.

Dr. Grissom. "I am no orator as Brutus is."

Dr. GRAY. I regret that a paper of such practical value should go to the table without discussion. I think with Dr. Fisher that the paper of Dr. Dewey is a step in the right direction. It is beginning at the right end in such cases. I presume the difficulty that he labored under is one that we have all appreciated, of getting information imperfectly from the persons who bring patients to asylums. I thought I could see in some cases, of which he gives a brief analysis or synopsis, that he had labored under that difficulty. I have not a doubt in my mind that in the direction of true progress in reference to the appreciation of causes and the proper classification and treatment of the insane, it is very important that we should have more information than we usually get or are able to get to commence the care and direction and treatment of patients. Going back, as Dr. Dewey has suggested, to childhood, to see the influences that are brought about children from the hour of their birth to form their characters, to develop or suppress their passions, to guide them in all ways, either into usefulness and integrity and duty, or to let them drift to themselves, is of vital importance. Now it seems that several of these cases presented by Dr. Dewey were children that could hardly be said to have been brought up; they simply grew up as weeds grow in the streets, subject to the tramp of every foot or anything that might occur. Out of just such cases we have the institutions for the reformation of criminals very largely filled, and occasionally they drift to the asylums, but I perceive from the description of the cases given, that in the majority of these instances they have not simply been subjected to the exposure or drift of life, growing up on the street, houseless, finding there rest for the night and then pilfering or living as best they could through the day, without parents or friends, or any one to guide them, but they have been given to those very excesses which in themselves, independent of such a vagabond life, are capable of producing almost any disease. I notice that some of the young boys as a beginning have had syphilis. I think the earliest, the Doctor said, was at fifteen years of age. Now the lesson to all of us is—and I hope that Dr. Dewey will follow up the subject as he has opportunity, by taking a larger number of persons, and giving us as accurate information as possible, and classifying them as he has here—the lesson that paper should teach is this: that we as representatives of one of the departments of medicine and of a great department of hygiene, certainly of mental hygiene, should use our influence, perhaps more than we do, with reference to the very point

suggested in almost the first sentence of the paper of Dr. Dewey, that is, the care and guidance and bringing up of children. I think instead of standing at the other end of the line and inquiring what the diseases are we are to treat, we should do more towards going back to the beginning and impress upon the communities in which we live and act, and through the legislatures to which we constantly report, the infinite importance of early training. Certainly we represent these institutions and the interests of the public, and we should seek to impress upon the public authorities the greater importance of originating and using protective measures, so that in the training of children from the very beginning, in our schools, and through humane societies that look after youth and children, the plain, simple facts in regard to vice, to training, to education, to diet, and all the elements that go to develop the physical, mental and moral life of youth, should be appreciated. There is where I think we should begin if we wish to arrest the growing progress that there seems to be of diseases, insanity included.

The PRESIDENT. The next report is upon Cerebro-Spinal Pathology, by Dr. Catlett, of the committee.

Dr. CATLETT. A report was not expected from me, but the chairman of the committee from this section recently notified me that he would not be present and would not make a report. This paper is not intended as a report; it is only a supplementary paper, written before I received his notice. Being excessively feeble from the effects of sewer gas in my room last night, I will have to ask the indulgence of the Association.

Dr. Catlett then presented a paper on the Pathology of Tinnitus Aurium.

The PRESIDENT. The paper is open for discussion.

Dr. FISHER. In regard to the paper I have but a few words to say. I have been aware for a number of years, as probably all of you have, that auditory diseases should be included in the symptoms to be observed among the insane. Deafness, or partial deafness, and hallucinations of hearing are very common in our insane hospitals, but the difficulties of investigation are considerable. It is impossible to rely always upon the statements of our patients, and investigations must be limited to testing the hearing in many cases and making such superficial examinations as are possible. I had, not long since, a case of suicidal mania, in which I thought possibly some post-mortem evidence might be found of disease of the internal ear. There was deafness in both ears which had been gradu-

ally increasing for a number of years. There was also a decided tendency to rotary motion from right to left, exhibited when the patient was walking by a series of cycloid motions across the floor, and when the patient was seemingly conscious of his actions. It was thought probable that some of the semi-circular canals might be found diseased. There was soon, unfortunately for the patient, an opportunity for the determination of his disease by an autopsy. On careful examination the semi-circular canals were found perfectly healthy in both ears, but evidences of disease were found in the cortex and in the membranes of the brain, such as are often found in cases of insanity of somewhat long standing. It was therefore supposed that the disease which affected the function of the equilibrium was of centric and not of eccentric origin. As it is often difficult to determine whether disease exists in the ear, we should carefully examine each case. Every patient coming into a hospital should be examined with reference to his hearing, as a matter of routine, as well as to the condition of the retina.

The PRESIDENT. The next paper will be on Therapeutics of Insanity and New Remedies, by Dr. J. B. Andrews.

Dr. Andrews before reading his paper said in explanation:

The paper I am about to read is illustrated by pulse tracings by the sphygmograph, used to show the action of drugs upon the circulation. The instrument employed is a modification of Pond's and is simple in construction and action and gives very satisfactory tracings. I have prepared a few specimens which I will pass around, simply to show the work of the instrument. Thus far the sphygmograph has been but a plaything in the hands of many who have attempted to use it and by few have its possibilities been developed. Those who have thoroughly tested the instrument and are therefore most competent to judge, claim for it a great value in the diagnosis of disease. A medical friend who has extensively used the sphygmograph, in an album of some two thousand tracings, presents many of great diagnostic value. That the instrument has not as yet assumed its proper place as an aid in diagnosis is largely due to the want of sufficient skill in its use. To take a good, characteristic tracing requires considerable experience and patient labor. Many of the tracings which would seem at first to be admirable because of their size are really useless, as they show only the systolic beat of the heart without the tension or dicrotism

of the vessels. This instrument is very simple. It acts by transferring the arterial beat through a rubber diaphragm to the lever which gives motion to the needle. This motion is more direct and made with less friction than in other instruments. Another improvement is in the shape of the needle, the curve at the extremity prevents its plowing into the paper and gives greater sensitiveness to its motion. It is so arranged by a screw that the barrel of the instrument can be lengthened or shortened, and this raises the lever from, or causes it to approach the diaphragm, thus adapting it to different pulses. If the artery lies very near the surface, less pressure will be required, and then by screwing up the barrel the end of the lever is brought nearer the diaphragm which makes the sphygmograph more sensitive. If the pulse is more deeply seated more pressure upon the artery must be used; then the lever is lifted from the diaphragm. The instrument is so arranged that the paper can be passed through at different rates of speed, to correspond with that of the pulse. The watch motion is very perfect and runs continuously for three minutes.

I would like to call special attention to two of the tracings presented. They are instances of very high tension, the highest I have had an opportunity to take. The pulsations were only 32 per minute, increased on exercise to 40.

The papers are prepared for the tracings by being uniformly blackened. This is accomplished by smoking them over a lighted lamp and they are finished by being immersed in or painted over with a varnish, made from the following recipe:

Gum Sandarac, ℥ ss.
Alcohol, Oss.
Castor Oil, ℥ ii.

Simple collodion will answer a very good purpose but does not give the finish produced by the preparation given above. This is recommended by those engaged in the manufacture of sphygmographs, and does not originate with myself.

You will notice in the tracings presented, that while there is great variety there is a close resemblance in all of those taken from the same pulse. While there is as much diversity in the tracings of different individuals as in the appearance of their faces, a correct tracing is as characteristic as the photograph of the individual.

With this introduction the Doctor read his paper upon Paraldehyd, Nitro Glycerine, and Jamaica Dog-

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In reply to a question by Dr. Grissom in regard to the action of Nitro Glycerine in epilepsy, Dr. Andrews said:

The patient who had been under observation for a year had never before had a series of convulsions, but after taking the medicine for some six weeks he had a series of thirty-two seizures. The medicine was then discontinued and he has since had an occasional single convulsion only. Glonoin has proved itself valuable in cases of feeble heart and of atheroma of the arteries, the tension of which it relieves in a marked degree, and also in cases of albuminuria; see statements of Dr. Bartholow in Philadelphia *Medical Times* of a few months ago. As the use of the drug in these diseases has been investigated, and conclusions favorable to its use presented I have not enlarged upon this part of the subject.

Dr. CURWEN. I wish to introduce to the Association Dr. J. C. Kerlin, Superintendent of the School for Feeble Minded Children at Media. I have from Dr. Kerlin, on behalf of the Pennsylvania Institution for Feeble Minded Children, an invitation to visit that institution Saturday next, the 17th. Transportation will be furnished. I wish also to state the reason of the absence of Dr. Kilbourne, of the Hospital for the Insane, Elgin, Illinois, as he has requested me to do so. He expected to be here, but has been confined for some time past to his room with acute rheumatism.

I have also another invitation from the Secretary of the Medical Society of the State of Pennsylvania, saying that society had arranged an excursion to Cape May and that if any gentleman wished to take part they would furnish the tickets. There would be a special train leaving Camden for Cape May, on Saturday, to return on Monday.

There is also an invitation to the Association from the managers of the Pennsylvania Hospital to visit that institution at the same time that the Pennsylvania State Society go there. The invitation to the State Society was to visit the hospital this afternoon at 5.30, on the invitation of the Board of Managers, and the invitation to this Association is to go at the same time.

The Association then took a recess until 3 P. M.

The Association was called to order at 3 P. M. by the President.

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The Association then took a recess until 3 P. M.

The Association was called to order at 3 P. M. by the President.

Dr. CURWEN. I am requested in behalf of Dr. D. D. Richardson, representing the Guardians of the City Poor, to extend to this Association an invitation to visit the Insane Department of the Philadelphia Hospital at any time that suits their convenience.

I will read the report of the committee on Time and Place of next meeting.

The committee recommend the third Tuesday in June, 1885, as the time, and Saratoga, N. Y., as the place for next meeting.

The report was adopted.

Dr. EARLE. I would appoint as Committee of Arrangements for next year, Drs. Gray, Chapin, Andrews, Nichols and Curwen.

The Association then adjourned until Thursday morning.

In the afternoon the Association met with the State Medical Society of Pennsylvania in session in the Union League buildings. Afterwards they visited the Pennsylvania Hospital on Eighth street with members of the State Medical Society. In the evening the members of the Association attended the reception given by Dr. Henry H. Smith, President of the Pennsylvania State Medical Society, at the Academy of Fine Arts.

The Association was called to order Thursday at 10 A. M. by the President, Dr. Earle.

Dr. Stearns introduced Dr. Gurdon W. Russell, one of the trustees of Hartford Retreat, who was invited to a seat in the Association, and to participate in the discussions.

Dr. PALMER. I understand that Dr. Foster Pratt, of Kalamazoo, would like to introduce some resolutions this morning. I would suggest that he be allowed to do so now.

Dr. PRATT. Mr. President and gentlemen: Before introducing the resolutions that I have here I wish to remind the gentlemen present of the fact that last fall at Detroit, at the meeting of the

American Public Health Association, I had the honor to read a paper which was in essence a careful study of the tenth census of the United States with regard to what it calls "Defective Classes of Population," including insane. The paper was ordered published and a copy has been sent to every institution for the care of the insane, and also to every member of Congress and to State officials. The importance of the subject will commend itself, I think, to this body.

Dr. Pratt then presented a series of resolutions for the consideration of the Association, and said:

While a study of the censuses of 1860, 1870 and 1880, as is remarked in the preamble, shows the increase of insanity and that our foreign-born population is one of its most important factors, we have, in addition to the statistics, a great many isolated and important facts in late years to substantiate the general charge. Among several leading editorials which the Chicago papers gave to their readers in comments upon my paper, when first published, there was one very important article, an editorial, which contained the statement that the day previous, in Chicago, thirty persons had been adjudged insane by the courts, all foreigners, and none of them more than six weeks in the United States. Entirely *a propos*, I find in the New York *Herald*, this morning, the following editorial:

PAUPER IMMIGRATION.

The action of foreign governments in exporting their paupers to this country is as ill-advised as it is impertinent. Hitherto perfect freedom to admission to life and labor in the United States has characterized our system of economy, but this never contemplated the emptying upon our shores of the contents of British or other foreign workhouses. The arrival by the City of Rome of forty or more persons thus described, should arouse the vigilance of the authorities, and they should at once be returned whence they came. The fact that in this instance heads of families have been supplied by the British authorities with a little money looks like an attempt to evade the strict definition of paupers while preserving the essential character. If there is probability of such persons being thrown upon our charities for their subsistence they should be considered paupers and treated accordingly, The act of sending them here is ill-advised, because it is not unlikely to induce such legislation at Washington as will materially interfere

with all foreign emigration to this country, a course of action not to be desired on any account.

It is but little over a month since two hundred and fifty were landed from one vessel at Boston, from Glasgow, I believe, but happily by a cablegram from Glasgow they were detected and are reported to have been sent back.

Now it is a significant fact, that, while those concerned in the management of immigrants claim, that as they arrive, they are constantly sent back when found to be defective in any way, I have the statistics of the commissioners of emigration for the State of New York for the last ten years, and by their published statistics in those reports, year by year, they have failed uniformly to report the number sent back. I have also the reports of the Bureau of Statistics at Washington, a complete file from the organization of that department, or bureau, and while they enter into great minutiæ of detail in the statistics of emigration, they, too, utterly fail to report these cases of pauper or defective persons sent back to the ports whence they came.

Dr. CATLETT. Before that resolution is put upon its passage, I would like to suggest to Dr. Pratt one addition. As he proposes that a copy be sent to the State authorities, I would suggest that it be sent also to the medical societies of each State. Through the State medical society, and directly through the medical profession, the subject might be brought with more force and influence to the attention of the legislature.

Dr. PRATT. I have no objection to such an addition.

Dr. NICHOLS. Before the resolution is put to a vote I would like to make this observation. Dr. Pratt says in his preamble that one-eighth of the population of the United States is composed of the emigrants of 1848 and their descendants.

Dr. PRATT. No, sir; the foreign born, immigrating since 1848, and alive in 1880, are one-eighth.

Dr. NICHOLS. I misunderstood the Doctor. The fact, however, does not change what I have in view. I got the idea that one-third of the paupers, one-third of the criminals and one-third of the insane and other dependent classes are immigrants, since that period. I understood him to state that one-third were immigrants and their descendants since that period. While I have not the slightest reason to doubt what the Doctor says in his preamble, that these facts are clearly demonstrated by the census of 1860, 1870 and 1880, I am a little cautious about voting upon facts that are not within my personal knowledge; that is, from personal

inquiry. Of course they can not be within my personal knowledge, any more than they can be within Dr. Pratt's, except as I should examine those censuses with a view of determining the truth of the deductions that he has made, and here presented. If the language was changed slightly and not so positively stated, for instance, to say that whereas "it appears" from an examination of the censuses of 1860, 1870 and 1880, that one-eighth of the population of the United States are emigrants since 1847 and 1848 and that they furnish one-third of the dependent classes, I shall have no objection whatever to vote for the resolutions. The subject is unquestionably of very great importance and there are other aspects of the question of immigration which are of very great importance, but these are the only aspects upon which I think it would be proper for us to present the subject to congress. If the Doctor would be willing to make the change in his resolution so as to read, "it appears from an examination," instead of saying, "conclusively demonstrates," it strikes me that it would not make the document less strong before congress.

Dr. PRATT. I have no objection to making the first clause read, "it appears to be demonstrated," if you do not like the word "conclusively."

Dr. NICHOLS. I would say that it "appears" from such examination. I think I would not use the word demonstrated.

Dr. PRATT. I have made a careful study of this matter for some four or five months, based solely on the statistics of the subject.

Dr. NICHOLS. I have not the slightest doubt of the truth of that; I have no doubt it was made after a careful examination of the statistics, and therefore I would be willing to make it less strong.

Dr. PRATT. There is no objection to changing it, so as to adopt the phraseology of Dr. Nichols.

Dr. EARLE. It is an important change.

Dr. STRONG. Dr. Pratt's conclusions are based upon mathematical data.

Dr. NICHOLS. You have not done the sum.

Dr. STRONG. Dr. Pratt has.

Dr. PRATT. In order to overcome the personal difficulties Dr. Nichols labors under from not having investigated the subject himself, I would say that I have tables here, copies of which I sent by mail to every hospital for the insane in the land, and to several two or three copies, for careful study. I would like, now that I am on my feet, to give a few statistics with regard to separate

States, beginning with New York. Of native whites, 3,805,000; foreign, 1,210,000; one-fourth of the entire population therefore is foreign born in the State of New York! Now mark; of the native white 7,595 are insane, but of the foreign born (one fourth) 6,321 are insane. Almost one-half of the insane of that State are furnished by one-fourth of the population. Nearly the same is true in my own State, Michigan, and in Pennsylvania, and in nearly all Northern and Western States and Territories.

Now, as I have stated, and as you gentlemen understand, these figures are from the census tables and official in all respects, and I think if any gentleman wishes to have a demonstration he can have it by studying the subject. I wish to read a paragraph or two which will take but a moment. It shows the ratio of increase:

"*First*,—beginning with 1860—while the foreign born population has increased, since 1850, nearly 100 per cent, the foreign born insane had increased 181 per cent.

"*Second*,—that at the close of the second decade in 1870, the total foreign born had increased only 30 per cent., but the insane of this class had increased nearly 100 per cent.

"*Third*,—in 1880, the foreign born had increased less than 20 per cent, but their insane had increased 150 per cent.

"A statement of the proportion of insane to each class of population—native and foreign—at each census, shows, very clearly, the *relative* rate of increase.

"In 1850, of native population, there was 1 insane in 1,545; and of the foreign born, 1 in 1,095.

"In 1860, of native born, the proportion was 1 in 1,559; and of foreign born, 1 in 717.

"In 1870, natives furnished 1 insane in 1,258; and foreign 1 in 497.

"In 1880, native population shows 1 insane to 662; and foreign born 1 in 250.

"(It should be borne in mind, that, in the foregoing statements, the inaccuracy of the census aggregates, in all vital statistics, prior to 1880, is conceded, but their relative fairness, in the distribution of insane, is assumed)."

These are the actual figures, gentlemen.

Dr. CURWEN. Mr President. I would like to state that Dr. White, of Texas, is in the room and I would move that the usual courtesies be extended to him.

Carried.

Dr. FRANKLIN. I would add two or three items to the statements of Dr. Pratt. New York city suffers to a greater extent than any other place from the very difficulties of which Dr. Pratt speaks. Ireland furnishes to our institution on Blackwell's Island, the greatest number of patients. Germany comes next, but I noticed in 1881 in framing the tables for the annual report, looking up the matter of nationalities, that nearly one-half of the admissions for the year were of people who had been subjects of Great Britain. Attracted by this fact, I again looked up the matter in 1882, and I found that the number of those who had been subjects of Great Britain a little exceeded fifty per cent. I have not made up the report of last year—have not followed the figures down, but shall do so to see if there is a greater increase. Then, of course, we get a great many from the Asylum for Insane Immigrants at Ward's Island, who have completed that period of care for which the Emigrant Department is responsible. Again, we get many whose recent arrival in the country is suspected, but whose mental condition is such that we can learn nothing from them as to the time of their arrival, and not being visited by friends we fail to get information in any direction. We often get nearly all the facts required, from the patient; sufficient to satisfy us that they are recently arrived immigrants, but the failure of recollection upon one or two important points makes it impossible for us to perfect a certificate which would send them to the immigrant asylum. These difficulties are sometimes done away with when the patient has nearly recovered, but at other times, after they have become incurable to all appearances, they have then been able to give the information, but have acquired the right to citizenship by residence in our institution.

Dr. CHANNING. I think there is one element that we have lost sight of in comparing the proportions of the insane in the foreign population and in our own, and that is, the relative proportion of children. The number of these in our immigrants is smaller comparatively, than in our native population. Therefore the inference that we would draw without considering these circumstances might be misleading. An investigation is now being made in the hospitals of Massachusetts by taking the number of insane of foreign parentage and making a comparison in that way, and you. Mr. President, probably know the proportion better than I do, but I think it is that three-fifths of our patients are of foreign parentage in our hospitals.

Dr. EARLE. I forget the proportion.

Dr. PRAIT. Since the publication of my paper, I may state that I have had some correspondence with Mr. Wines, who is especially in charge of this part of the census, in which I took occasion to call his attention to the fact, as revealed by the census, that of the native born white element in the northern States and Territories and District of Columbia, the number of native born children of foreign parentage outnumbered those born of native parentage by a million and a half. It is an astounding statement, but the statistics prove it conclusively. I will repeat it; that in the northern States, Territories and District of Columbia, the native born children of *foreigners* exceed the children of *native born* parents by a million and a half, but the statistics of the census compendium do not show when they come to classify the insane, anything about the *parentage* of the native born whites. While it is apparent from a study of the census that the proportion of insanity to population is increasing in the *native white class*, and very rapidly since 1850 or 1860; yet the statistics fail to show how much of that is due to the children of foreign parents, and how much to the children of native parents. While of course, the children born here of foreign parents are treated by the census as native born, it fails to give us the important data which should be given, and without which we can not thoroughly study the subject, and Mr. Wines hopes to give, in subsequent volumes of the census, tables that will remedy the defect. The gentleman from New York represents that State as exceptionally troubled. Almost the proportion that is found in New York is found in my own State. While the foreign born of the State are not more than one-fourth of the population they furnish nearly one-half, over one-third, of the insane. We have two important ports, and a great many immigrants come to us from or through Canada by Port Huron and Detroit. We are subject to the same condition of things as New York.

Dr. FRANKLIN. My statement was that fifty per cent were subjects of Great Britain alone.

Dr. PRAIT. I am reminded by the gentleman sitting next me, that perhaps I am mistaken with reference to the statement that the 250 from Glasgow who landed in Boston some weeks ago were returned. They were sent West after a fine of five dollars was imposed.

Dr. FISHER. I did not wish to give the gentleman the idea that a fine of five dollars was imposed, but, as I recollect the circumstances, the immigrants were found to have about five dollars in

money which had been furnished them, and on that ground they could not be considered paupers, and they all represented that they had relatives West to whom they were going. They were examined and it was contemplated to send such back as were not found to have sufficient means of support. I think, as it was, *they were not sent back.*

Dr. EARLE. I do not know that it is any consolation for us to know it, but I believe the leading man in the Emigrant's Aid Society, of Great Britain, is a great-great-grandson of the William Tuke who first ameliorated the condition of the insane at York Retreat, England.

Dr. CHAPIN. It does not appear to be well for this Association to make any declaration about paupers and criminals, with which classes we, as an organization, have but little to do. In regard to the insane of foreign birth, I do not understand that Dr. Pratt would have us believe that one third of the insane of the country were foreigners and insane and paupers before immigration. Such a statement, if true, should attract instant attention. If the number of foreign lunatics is as great as stated by Dr. Pratt, and there can hardly be any question about the fact as stated, then it might well become us all, and even congress, if disposed to investigate a social problem of this nature, to ascertain under what social conditions so many persons become insane *after* their introduction into the country, which I think is a more correct statement of the case.

The emigrant enters a strange country and is subject to depression from home-sickness. The voyage, the change in the character of food and in his surroundings; want of care when sickness begins all conspire to develop insanity, and they certainly have the advantage over the native born in securing prompt admission to the public asylums. If congress is further disposed to investigate the circumstances and social condition of the country, which may lead so many foreigners to become paupers and criminals, any thing we can do as citizens to encourage the effort should be done. It does not, however, seem wise without further and more careful examination of the subject, to move in the matter as an organization. I am under the impression that paupers, criminals, or lunatics, may be turned back in attempting to enter the United States, in accordance with the existing laws.

Dr. PRATT. The law is simply directory. There is no penalty upon anybody that does not obey the law; it is simply directory. Now with regard to the last point raised. As you will see, it is a

very difficult matter to obtain statistics on this subject to any great extent—reliable statistics—of the number who come here actually insane; but this body will readily understand that epileptics and others who are periodically insane, who have a lucid interval of two or three months, can easily be sent here to arrive all right, who became insane soon after getting here, who once here and in an institution, will remain there, especially if they are of the class of dangerous epileptic insane. When I was on the floor before, I called attention to the statement from Chicago that thirty persons were adjudged insane there in one day, every one a foreigner and none of them in the country more than six weeks.

Dr. EARLE. I would ask the gentleman whether we should infer the possibility of that number being adjudged insane every day, or whether in that city there are not certain days for trying the question of insanity and those thirty had accumulated?

Dr. PRATT. It is a daily business of the courts in Chicago. The important point is not whether it is daily, weekly or monthly; it is that thirty, all foreigners, and *not one of them more than six weeks in the country*, were found insane. Now the inference is irresistible that most, if not all of them were insane before coming here, perhaps all sent here during a lucid interval. I have personal knowledge from my intercourse with the insane and their friends in my own State that many have been sent to us who are periodically insane. They are among the class of recently termed "assisted emigrants." They are sent over here on the ground, as alleged, that they have friends who will take care of them and when they get here the friend proves to be *the State*. Now it is undeniable, Mr. President, and gentlemen, that there are moral causes which must produce insanity among the foreign born, who by a change of habits and environment for some few years, at least, after their arrival, must be liable to some form of insanity, some of which may be charged to the simple fact of removal. Mr. Wines in his preface to the chapter on Defective Population, shows the fact that in 1850 the proportion of insane to foreign born was not much larger than the proportion of the insane to native born. It was a little larger, just enough to account for these moral disturbing influences that I have spoken of here; but be the cause what it may, in 1850 the proportion of insane to the foreign born was but little larger than the native born. But since the potato rot of Ireland, (and that is just when the trouble began, gentlemen,) we sent our ships loaded with grain and other food; they came back loaded to the guards with paupers from the alms-

houses, and they were received; the hint was taken in Europe, and has been acted on ever since. The statistics show, that while, as I have already said, a certain amount of this insanity is properly chargeable to the change of residence, it is largely due to the fact that many emigrants bring with them either a periodical insanity or a hereditary tendency to it which develops here because of the moral disturbances which they encounter here. Mr. Wines makes the statement that native people, going into the Western States, develop a larger proportion of insane than they do at the East. I think I succeeded in proving that he was mistaken in his comparative estimate in that direction. The fact is that in the Western States and newly opened territories the proportion of foreign born who become insane is three times as great as that which develops among the native born.

Dr. NICHOLS. Mr. President. Before the resolutions are put to a vote I would be glad to have them read again so that we may all know the exact wording of them.

Dr. Pratt re-read the resolutions, after which Dr. Nichols said:

It will be noticed that the change suggested by Dr. Catlett is not introduced. It seems to me that that is very desirable; that they be sent to the different State medical societies. I agree with Dr. Catlett's proposition.

Dr. PRATT. I shall be very glad to incorporate Dr. Catlett's suggestion. The total figures as shown by the census I will read. As far as the insane are concerned, the total number of insane is 91,997 of which 26,259 are foreign born. I did not tabulate the pauper element because I was not so intent upon that as I was upon the matter of insanity.

Dr. STEARNS. I would like to call attention to the fact that in the preamble it is stated that one-third of the criminal class comes from those who immigrate to this country. I do not know that we have anything especially to do with the criminal class as a body. It seems to me that it would be more appropriate to limit our language to the insane, or at most to the pauper class and the insane, without including the criminal class. It would rather tend, I think, to prejudice action and bring out unfavorable comments on the part of certain members of the foreign element of our population. It might produce the impression that we were stepping outside to criticise foreigners as furnishing the criminal class if not the pauper class.

Dr. PRATT. In response to that remark I would simply say that every gentleman here is aware of the extent to which these classes run together, how many insane come from the pauper class and how many insane come from the criminal class. It was simply because of their being somewhat connected, by being defective, that these two classes were considered in connection with the insane. Of course we believe, as a general rule, that chronic paupers breed paupers, and criminals breed criminals, and we know that a great many of the insane are found in these two classes; that they recruit the insane class very considerably. And to illustrate, the gentleman is undoubtedly aware that there are a great many of the so-called German cranks, the political cranks, the social cranks, who become insane in the United States. It is with that view only that these two classes are mentioned together in the preamble.

Mr. OGDEN. Is Dr. Pratt entirely sure in saying that congress alone has the power of mitigating these evils?

Dr. PRATT. Congress has alone the power.

Mr. OGDEN. So far as criminals are concerned?

Dr. PRATT. So far as these classes include the helpless and the insane.

Mr. OGDEN. It seems to me that is a mistake.

Dr. PRATT. No, sir; I can give you the reference to the decisions.

Dr. NICHOLS. It is very clear, I think, that congress is the only power to regulate immigration.

Mr. OGDEN. My idea would be that the diplomatic relations of the government would be more efficient than congress to reach and prevent the evil.

Dr. PRATT. Diplomatic action is based upon national legislation and to some extent upon treaty.

The leading case in which the power of our States in this matter was decided is that of Gibbons versus Ogden, 9 Wheaton; this has been followed in Brown versus the State of Maryland, 12 Wheaton; New York versus Miln, 11 Peters; Groves versus Slaughter, 15 Peters; Passenger cases, 7 Howard; and in February, 1883, the People of New York versus Compagnie Generale Transatlantique, published in the *Albany Law Journal*, of April 7th, of that year. Still later, another case has been decided in California, by the circuit court, in which the precedents were faithfully followed. These references are given to aid those who wish to investigate the legal aspects of the question.

In these, a line of decisions from the time of Chief Justice Marshall down, every single attempt made by a State to obviate or mitigate any of these evils, whether relating to the insane or criminals or the pauper classes, and any attempt by a State to meddle with immigrants has been decided unconstitutional and null and void. The Emigration Commissioners of New York were finally squelched by the decision a year ago.

Dr. STEARNS. I still question the advisability of leaving anything in the resolution with reference to the criminal class. I would like to ask Dr. Pratt if he has any statistics which would indicate in that portion of the State from which he comes, or from the State or any section of the State, the proportion of insane which comes from the criminal classes.

Dr. PRATT. None that I would wish to quote as accurate. We have a certain number of criminal insane in our State which will soon be cared for in a separate institution, and we find a large proportion of them are foreign.

Dr. STEARNS. My impression is that that element is rather small compared with other elements in contributing to the increase of insanity in the native or foreign population in our asylums, and it occurs to me that it would be for our interest to leave out that class; to leave out the clause relating to criminals.

Dr. GURDON W. RUSSELL: Mr. President. I venture to say anything before this Association with a great deal of diffidence, and yet, as Dr. Pratt read his resolutions, it occurred to me that the wording was somewhat objectionable and to some extent might prejudice any favorable action on the part of congress.

Now, I will not attempt to say but what these statistics are all perfectly correct, and we have often heard it said that there is nothing so reliable as figures, which never tell a lie, but I have also heard it said that statistics were very unreliable. The general purport of the resolutions, it seems to me, is very proper, and ought to do good if passed by the Association, but I respectfully submit whether it is desirable that the Association should commit itself to the declaration that the insane and the paupers and the criminals in these United States constitute one-third of the foreign population. Now, I venture to say, that if that is the statement, whilst I will not question the truth—

Dr. PRATT. That is not the statement.

Dr. GURDON W. RUSSELL. I would say if it was the statement it would prejudice congress against any favorable action.

Dr. PRATT. I said the foreign population constitutes one-eighth of the entire population, but of our entire pauper class they furnish one-third, of the criminal class one-third, and of the insane one-third approximately.

Dr. GURDON W. RUSSELL. Then, as I understand you, one-eighth of the total population, being foreigners, these furnish one-third of the paupers, of the criminals and of the insane. It is a pretty strong statement. I do not know but the figures substantiate it. I very frankly say I have not examined them. But I will say with reference to it that statistics need to be collected with a great deal of care, and if the Association commits itself to a statement of that character, I should say that the statistics should be collected with a little more care than many statistics which go to make up our census, and you will see that if anything of this kind comes before congress for its action it must prejudice against it all who have foreign blood in them, because they would hardly accept a statement that they made up so large a proportion of criminals; and I take it the object of the resolutions is to do some good; to remedy an evil which exists and which ought to be remedied. Now this foreign element does constitute a large proportion of paupers and criminals, and undoubtedly insane, for Dr. Pratt has said the elements of insanity only require to be brought here to be developed; the first generation assists greatly in developing them. The second generation of children, I have been told by police officers, get along about as well as the average American people, and if they do, it is certainly very commendable in them, that with all the drawbacks they have, with all the obstacles in getting a foothold in the world, they behave as well as the Americans. Now, I respectfully submit whether it is necessary in order to attain the object, that the Association should be so positive in its assertion about the one-third paupers and criminals; whether you would not accomplish just as much and do it in a pleasanter way by saying "a large proportion" or "an undue proportion?" What I say, I say with great diffidence in venturing even to advise in a matter that belongs to this specialty, but speaking as one who might know some of the ways of the world, and some of the ways in which matters might be regulated by legislation.

Dr. PRATT. I think I know something of the sensibility of the foreign born to any criticisms upon them as a class; but if the gentleman will reflect a moment, this is not a criticism upon foreign born as a class. I may state that the first audience of my

paper were gathered expressly together for the purpose of estimating the effect the paper would have upon the minds of the foreign population. The first audience of the paper were two German Jews, two Englishmen, one Scotchman, three Irishmen and a couple of Scandinavians. I read the whole paper to them as it is contained in this pamphlet, and asked them if action by congress such as was asked for would excite any unpleasant feelings among the foreign classes. Somewhat to my surprise and greatly to my gratification they all, in the first place, made the statement that they knew personally that we were being imposed upon by the exportation of these classes to us to take care of, and that they as foreigners would rejoice to maintain any attempt to stop it. As tax-payers they felt the burden. Now the essential purpose will be accomplished, if the Association pass the resolutions, in such language as it prefers, and I do not know but perhaps the object could be accomplished by striking out in the preamble the allusions to the proportion which the foreign population furnish to our criminal classes. The intelligent foreign born people themselves, I have reason to know, are not at all sensitive on the subject. They know better than we do that they are not responsible; that it is really a mercenary class of municipal foreign officials who have charge of the poor and of the petty criminals, who are making it economical to send those classes to America. So far as the accuracy of the statistics is concerned, of course the paper professes to be nothing but a study of census returns. The chapter on the defective classes in the census compendium explains the great care in getting the criminal statistics. This was not obtained by any guess-work, but from the dockets of the courts in the several States for the twelve months. The pauper class was obtained in the same way by a careful gathering of official statistics. The insane were obtained partly from reports of asylums, almshouses, prisons and jails, but mainly by a very careful analysis of all returns made by the enumerators in their several districts and with this remarkable assistance: eighty thousand physicians, without fee or reward of any kind, except the consciousness of doing a work for humanity, made report each from his own immediate neighborhood, upon the report as made by the enumerator, as to the accuracy of the enumerator's report, and as a result of which some classed as insane were striken off, and others were added, and in various ways the accuracy of the report was secured. Now, while I have studied statistics enough to know how unreliable they are, if defective, I have the greatest

confidence in the general accuracy of the statistics of the defective classes as furnished by the census of 1880.

Dr. Hill. It strikes me that the Doctor's preamble warrants a construction that he hardly intends it to mean. We might infer from that that so large a proportion as he designates of the insane and pauper population of the United States was made up of the foreign born, whereas by the comparison of the statistics the disparagement is not so great as his preamble shows, but that the recent importations from foreign countries have consisted of a vastly larger proportion of insane and paupers than twenty years back. A statement of this would seem to be in the way of the Doctor's resolution. Foreigners would not then mind or think that they were being charged with being responsible for the increase, or that their countries were furnishing us with a class of emigrants who, if not inferior to those previously sent, were more liable to become insane.

Dr. Pratt. The statement in the preamble is based on the comparative results shown by the 8th, 9th and 10th census.

The resolutions were then unanimously carried. As finally adopted, they were as follows:

Whereas, By a comparison of the statistics of the "defective classes" of our population, as shown by the eighth, ninth and tenth censuses, it appears:

First, that the proportion of insane to the total population in the United States is rapidly increasing; and

Second, that a prominent factor in this increase is the large defective element found among the "foreign born" who have emigrated to us since 1847 and 1848, and who now constitute one-eighth of our total population, but who furnish, approximately, one-third of our criminals, one-third of our paupers, and one-third of our insane; and

Whereas, While the cost of buildings to suitably keep and the annual tax to properly maintain these classes falls wholly and heavily on the several States and Territories, they are inhibited by federal laws from enacting and enforcing effective measures to prevent or mitigate these evils so far as they are caused by immigration; therefore

Resolved, That the Association of Medical Superintendents of American Institutions for the Insane respectfully urges the congress of the United States to give early and earnest attention to this im-

portant subject, to the end that emigration laws may be enacted by it which, while they do not unnecessarily obstruct the immigration of healthy and self-dependent persons, will effectively prevent the emigration and the exportation to our ports of the so-called "defective classes' of Europe and Asia.

Resolved, That, in furtherance of this object, a copy of these resolutions and preamble be forwarded to the President of the United States and to the President of the Senate and the Speaker of the House of Representatives at Washington for consideration by them and by congress; also to the Governor and presiding officers of the legislatures of each State in the Union, and to each State Medical Society, that they and the people they severally represent, who are most affected by the pecuniary burdens and by the physical and moral evils caused by the unrestricted and unregulated immigration, may be moved to take such steps as they deem best to secure early and efficient action by congress (with whom alone is the power) to abate the great and growing evils to which public attention is hereby called.

The report of the Committee on the Bibliography of Insanity was next called for.

Dr. PALMER. Mr. President; As you are aware, Dr. Hurd, chairman of the committee, is detained by illness of his family. Dr. Shew was here the first day or two and the paper was handed to Dr. Shew to be read by him, but he unfortunately had to leave yesterday, and the paper is in my hands sent by the chairman of the committee, Dr. Hurd. If the Association desires, I will endeavor to read it.

Dr. Palmer then read the report.

The PRESIDENT. Dr. S. S. Schultz will read the report of the committee on Asylum Location, Construction and Sanitation.

D. SCHULTZ. I wish to say that when I first became aware of being appointed on this committee I corresponded with the other members of it with the hope and desire that a report might be made the result of consultation and labor combined, the work of all. That idea miscarried so that the fragmentary remarks I shall offer can not be charged upon any other member of the committee.

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Dr. Schultz then read the report.

The Association then adjourned until 10 A. M., on Friday.

In the afternoon the members visited the Friends' Asylum at Frankford, Pa., and afterwards the University of Pennsylvania.

The Association was called to order on Friday morning, May 16, by the President, Dr. Earle.

Dr. GODDING. I saw Dr. Schultz just prior to coming in who told me that he would be absent during the first part of the session, and he asked that the discussion of his paper might be deferred until he was able to be present. As there are other papers coming I told him I would submit that to the Association.

Dr. EARLE. I understand that Dr. Channing has something he would like to lay before the Association.

Dr. CHANNING. It was simply in connection with the subject of Dr. Schultz's paper. Perhaps I had better wait until the discussion on his paper.

Dr. EARLE. The next business in order is the report from the Ninth Standing Committee. Dr. Everts will read a paper on "Treatment of the Insane."

Dr. EVERTS. Gentlemen of the Association: I would say that the reading of a paper on so trite a subject as the treatment of insanity to such a body as this, justifies me in stating that I shall not take it as disrespectful if any of the distinguished ex-presidents shall go to sleep during the reading.

After the reading of the paper Dr. Earle said:

Gentlemen, you have undoubtly listened like myself with great interest to the thoughtful and suggestive paper which Dr. Everts has just read. The subject is now open for discussion or remarks. It was formerly customary for the chair to call upon the different members in succession for discussion after the reading of papers. I understand that for some time that practice has been discontinued. I hope that every one will give his views upon the subject.

Dr. GRAY. Mr. President: I suppose the general silence of the members would indicate what is in my own mind in regard to the

paper that we have just heard read. Dr. Everts has so thoroughly exhausted the subject, and in such a clear, intelligent and comprehensive manner, that it seems to me the only thing remaining is to practice its precepts.

Dr. GODDING. Mr. President: Lest silence should be construed into dissent, I wish to rise to say Amen to every word and every letter of the paper.

Dr. EARLE. So far, gentlemen, there can be no complaint of long speeches and comments.

Dr. NICHOLS. I will only remark, Mr. President, that I am sure that none of the ex-presidents, distinguished or otherwise, went to sleep during the reading of the paper. While I am willing to unite in the general Amen in respect of the substance of the paper, only two dissenting thoughts occurred to me in regard to the subject matter. The Doctor spoke of patients apparently doing as well in institutions under homœopathic treatment as under any other treatment. Now *I* have no knowledge whatever of the therapeutical treatment—except what is to be derived from the reports, which is not great—or of the therapeutical treatment of patients in any hospital under the control of homœopaths, but my observation in New York, and I think of medical men generally, leads me to think that the homœopathic practitioners there use the class of remedies that are most used in institutions for the insane, quite as freely as we do, and therefore it would not be a fair inference that if a patient did well under homœopathic treatment, it was not because he did not get medicine. Another thought occurred to me in connection with the language of the paper, and that is an inquiry which I have often made when I have read the reports of institutions for the insane and works upon the subject of the treatment of insanity in which the use of chemical restraint is spoken of. I have never been able to see the propriety of that characterization of restraint effected by drugs. It has seemed to me that it should be called therapeutical restraint. I can not see why the administration of morphia or opium—take the original drug—to allay excitement or produce sleep should be called chemical restraint any more than the eating of a potato should be called chemical nourishment. It seems to me that the proper term is therapeutical.

With the views of the paper primarily, I fully sympathize, and I feel personally, greatly obliged to the Doctor for presenting them, and especially in the admirable diction in which his papers are all clothed.

Dr. DENTON. I beg leave to say that Dr. Ghent, President of the Texas Medical Association is in the room, and I move that the usual courtesies be extended to him.

Carried.

Dr. EARLE. If Dr. Channing is prepared it is the proper time now to read whatever he may have.

Dr. CHANNING. I have very little to say, Mr. President. It is directly in the line of Dr. Schultz's paper in regard to cheap buildings for the insane. In Massachusetts, as the gentlemen here know, we have been going through the usual reaction, as is the case in many other States, in consequence of our past expensive buildings and our insane have collected until now our institutions are practically all filled. The Danvers Hospital was opened six years ago and since that time the insane have been increasing at about the rate of two hundred a year and that is now about the rate of increase. At various times during the last three years, our Legislature and others interested have considered different plans for providing accommodation for the number of the insane which were gradually collecting. One plan that has been especially thought about has been in reference to provision for our criminal insane. We seem to have in Massachusetts an unusually large number of this class; we have in the hospital at Worcester alone, nearly seventy insane criminals. Many of them are cases of comparatively mild insanity, but the larger proportion of them are insane convicts that have been transferred from the State prison and other institutions during the last few years. Altogether there are considerably over one hundred insane criminals in our different insane hospitals.

The question of provision for this class of the insane was first presented in the form of a bill to the Legislature, but it died very shortly afterwards, and was referred from one Legislature to another. As the number of insane was increasing so rapidly last summer, a joint legislative committee was appointed to consider the subject of the future provision necessary, not only for insane criminals, but also for other classes of the insane. The committee sat during last summer. They decided that there was no need of a separate institution for insane criminals, although the superintendents of all the insane hospitals they saw very strongly advocated a separate institution. The committee thought that some separate treatment might be necessary, perhaps, in the State prison or connected with the insane hospitals, but that is as far as

they went. They however found that there was need of some increased accommodation for the general class of the insane, and among other plans that they recommended, was that of a homœopathic insane hospital, and the committee on Public Charitable Institutions this winter presented a majority report in favor of turning some of the buildings of the Westboro Reform School into a State Homœopathic Insane Hospital, to accommodate, it is supposed, about 325 patients, at a probable expense of $150,000. There were two minority reports; one recommended that a portion of the buildings at Westboro should be adapted for the treatment of the insane and be under allopathic treatment, and the other that supplementary buildings such as those at Middletown or perhaps at Washington or at Kankakee should be erected upon the ground of some of the existing State hospitals, and those mentioned, if I am not mistaken, were Danvers and Worcester. The idea of the last minority report was that a building should be erected for one hundred persons, at an expense of $25,000, or two hundred and fifty dollars a head, and Mr. Robert Treat Paine, Jr., of Boston, who organized our system of Associated Charities there, and was the one who introduced this bill, was a member of the committee on Public Charitable Institutions. He called a meeting at his house a week ago, for the purpose of considering in what manner cheap buildings might best be erected to supply the present need of our insane. A number of gentlemen were present, many of them legislators, some architects, two or three gentlemen interested in building, and a few physicians. Hon. Edward Atkinson, of Boston, who is very well known, I suppose, throughout the country as a prominent Boston citizen, especially interested in insurance, and who is president of our large insurance company, which insures mills and factories, was asked to present a plan for a cheap building for the insane. This he consented to do, and some of his plans, and some rough sketches which he had made on a small scale I have in my hand, and I thought it might interest the gentlemen here to see these plans. He approaches the subject from rather an original point of view. Dr. Schultz spoke of so many of our hospitals being designed by architects who knew very little about the wants of the insane. Mr. Atkinson is not an architect, but he thoroughly understands factory architecture. It seemed to be Mr. Paine's idea to see if Mr. Atkinson, with his special knowledge of cheap and adequate buildings for small and large factories, could not suggest some shape or form of building which would be cheap and in some

special features appropriate for the insane, and so he approached it from that unusual point of view. As he said, he knew very little about what the insane wanted and the most he attempted was to give a plan of a mere shell of a cheap building which *might* be adapted to their use. Since giving his views and plans on that evening, I am told, he has somewhat modified them. He discovered that there were some things necessary in providing for the insane that he had not known of before. Mr. Atkinson's plans are a direct contrast to those of a hospital like Danvers, and furnish a good illustration of an extreme of reaction. He presented several of these plans. First he described a three-story building, and in illustration of it passed around the section of a mill showing a system of piping arranged for an automatic sprinkler. The inside of this building gives an idea of a factory of three stories. Mr. Atkinson does not recommend a three-story building. This section of the mill here, however, gives a very good idea of the construction of the floors, and of the supports of the floors of a three-story mill. This plan, No. 2, is a one-story building and this is the building plan that he specially recommended, although he modified his suggestions after learning that a one-story building was not so well adapted to the insane as a two-story building. This plan, No. 2, is a frame building, although he said it could be made of brick at nearly the same cost. He would construct this one-story building with a unit of 16, that is, separate rooms should be 16 feet square, the hall 16 feet wide; the dormitories 16 feet, &c. The walls of brick or wood, as I have said before. The roof three inch pine plank, grooved and splined, and covered with gravel or duck, and it seems to me that such a plan of roof would be a very good one for a lunatic asylum. It is simply nearly a flat roof, raised a little in the middle, covered with gravel or duck, the duck saturated with pine tar and mineral paint. The partitions should be of two-inch plank nailed at the center of the planks so as not to be affected by the shrinkage, grooved and splined and plastered solid on wire or dove-tailed lath. The area of the floor surface would be 171 square feet to each inmate.

The one-story building could be set up in sections in one line or the sides of a quadrangle, or H, or Greek cross, or star form, or any section could be separately constructed. Here is a one-story building of either brick or wood which is considered for manufacturing purposes quite fire proof, and certainly would be fire proof as far as could be seen for the insane, and which, as far as the

finishing is concerned, is perfectly adapted to the insane. The rafters showing in the ceilings in the roof is certainly no disadvantage; and the partitions, being plastered solid, is no disadvantage. This special arrangement, of course, if it is in the form of a Greek cross or sections of two is not to be recommended. The general plan that you see here is one that might be very readily available. Such a building as this could be constructed for between seventy and eighty cents a square foot, or without the various internal arrangements adapted especially to the treatment of the insane, it would cost not over $150 per capita.

Dr. EARLE. I would propose, as we have a great deal of business on hand, and as our time is so short, that Doctor Channing let the plans lie upon the table, where they may be examined at pleasure. As the Doctor well remarked, they show the extreme of reaction from—what I was about to call the insane delusion which manifested itself in the erection of the Danvers Hospital.

I wish, at the present time, to ask the assistance of the members of the Association. It is desirable that we should have, as I do not doubt we shall have, an interesting meeting, next year, at Saratoga. Inasmuch as our closing session will be held this evening, it will become necessary to appoint, before that time, the members of the standing committees—the same committees a part of which have reported this year. I greatly desire that we shall so fill them that the right men will be in the right places. For myself, I am not sufficiently familiar with the special studies of the different superintendents to decide, in all cases, who will be the best men to appoint as chairmen of those committees. I hope that if any member of the Association knows of another member who is especially qualified for either of the committees, he will mention the name of that gentleman to me; or should there be any member who is pursuing studies in a special direction, I trust that he will not be so modest as to keep his name to himself. I am very earnest in pressing this subject upon you, and asking your assistance. The first standing committee is on the Annual Necrology of the Association; the second, on Cerebro-Spinal Physiology; third, on Cerebro-Spinal Pathology; fourth, on Therapeutics of Insanity and New Remedies; fifth, on the Bibliography of Insanity; sixth, on the Relation of Eccentric Diseases to Insanity; seventh, on Asylum Location, Construction and Sanitation; eighth, on the Medico-Legal Relations of the Insane; and ninth, on the Treatment of Insanity.

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Dr. EARLE. I would propose, as we have a great deal of business on hand, and as our time is so short, that Doctor Channing let the plans lie upon the table, where they may be examined at pleasure. As the Doctor well remarked, they show the extreme of reaction from—what I was about to call the insane delusion which manifested itself in the erection of the Danvers Hospital.

I wish, at the present time, to ask the assistance of the members of the Association. It is desirable that we should have, as I do not doubt we shall have, an interesting meeting, next year, at Saratoga. Inasmuch as our closing session will be held this evening, it will become necessary to appoint, before that time, the members of the standing committees—the same committees a part of which have reported this year. I greatly desire that we shall so fill them that the right men will be in the right places. For myself, I am not sufficiently familiar with the special studies of the different superintendents to decide, in all cases, who will be the best men to appoint as chairmen of those committees. I hope that if any member of the Association knows of another member who is especially qualified for either of the committees, he will mention the name of that gentleman to me; or should there be any member who is pursuing studies in a special direction, I trust that he will not be so modest as to keep his name to himself. I am very earnest in pressing this subject upon you, and asking your assistance. The first standing committee is on the Annual Necrology of the Association; the second, on Cerebro-Spinal Physiology; third, on Cerebro-Spinal Pathology; fourth, on Therapeutics of Insanity and New Remedies; fifth, on the Bibliography of Insanity; sixth, on the Relation of Eccentric Diseases to Insanity; seventh, on Asylum Location, Construction and Sanitation; eighth, on the Medico-Legal Relations of the Insane; and ninth, on the Treatment of Insanity.

I desire, further, to seize the present moment to make a very few remarks on a subject which I think ought to be brought to the attention of the Association. Perhaps all the superintendents of hospitals, who are present, received a few months ago, letters from New York asking for the number of patients admitted to their institutions, the cause of whose insanity was alcohol. I declined to answer those which were addressed to me. Knowing that I could not give any adequate idea of the actual number, or the proportionate number of my patients—whether those now present or all who have been inmates in past time,—whose insanity was caused by intemperance, I believed that any attempt to answer the questions by statistics would do more harm than good. A few days ago the result of that inquiry was sent to me in the form of a pamphlet. Undoubtedly it was sent to other superintendents. I have not had time to read it, but have so far examined it as to learn that its author comes to the conclusion, derived from information from all sources, but chiefly from the superintendents of hospitals, that the percentage of insanity caused by intemperance is seven, or about seven. I leave it to you to form your own opinions whether that approximates, in any very considerable degree, to the actual proportionate number. I still believe that those statistics will do much more harm than good. There was not, apparently, allow me to say, sufficient care, on the part of some of the superintendents who answered the letter. As was remarked, in essence, yesterday, statistics are very delicate things, and unless made with great care they may tell great falsehoods.

At several of the hospitals the figures in the column "Number of Patients admitted," are *not* the numbers of patients admitted, but, apparently, the whole number in the house in the course of each consecutive year. Every patient received is consequently counted every year so long as he remains in the hospital. The effect of this repetition is greatly to increase the sum of what are called admissions, but are not what they profess to be. Thus, at one hospital, which, according to its annual report, admitted in the course of thirty years, 7,061 patients, the number of admissions is made, by these New York statistics, to be 20,658. The number of cases alleged to have been caused by intemperance was 1,141. The *actual* percentage so caused was $\frac{1141}{7061}$, equal to 16.15, or nearly one-sixth of the whole. But the *apparent* percentage, which is the result of the New York statistics, is only $\frac{1141}{20658}$, equal to 5.57 or but little more than one-twentieth of the whole.

At another hospital the swollen numbers of the New York statistics make the admissions, in ten years, 6,183, whereas the true number, as shown by the annual reports, was 2,451. The number of cases originating in intemperance was 100. The New York statistics make the percentage $\frac{100}{6183}$, equal to 1.61, whereas the *true* percentage is $\frac{100}{2451}$, or 4.61.

A very similar letter to the one just mentioned has been received from Missouri. A committee of some association in that State requested the same or similar statistics in regard to intemperance as a cause of insanity. I answered by first giving my correspondent the number of admissions from the opening of the Northampton Hospital to the present time, and then informing him that if he could sit down and make a shrewd Yankee guess, he could obtain figures which would be of more actual value than any ostensible facts which I could give him, especially if the committee which uses them would acknowledge that they were obtained by guesswork.

It is not necessary for me to point out the difficulties involved in this subject, or to mention the impossibility of giving to outsiders, from the statistics which we have, an idea of the extent to which intemperance is probably a factor in the production of mental disorders.

Dr. GRAY. Mr. President: I am glad that you brought this matter before the Association. I have received, in common, I suppose, with other superintendents, on an average of certainly once a week a claim, or circular of some kind, for information upon which persons desire either to write a paper, or to write a book, or to appear before some association or execute some "philanthropic purpose" for the good of mankind. As a general rule I have put them in the waste basket. To me a great many of them seem to be simply "sponges," sucking up what they can get here and there, and appearing as authors. Occasionally when I have complied, after a second or third letter telling me that I was either the only one or nearly the only one in the State who declined to give the information, and I furnished it, I have found that it was generally the case that the information was desired by the writers in order that they might appear as authors either on opium or liquor, or statistical information, or in connection with the administration of various remedies. I have even been asked for detailed information as to the number of doses of various medicines given in the hospital; the persons calling for it wanting to write a paper or appear before the public on chloral or

the bromides, etc., thus sponging all the information possible from persons of experience, they having little or none themselves, and then appearing as authors or critics on the therapeutics of these subjects. I doubt very much whether any of these circulars ought to be answered unless they come from responsible men or societies. I do not know what association in New York the President refers to as furnishing these extraordinary statistics. I have received four or five pamphlets.

Dr. EARLE. It was the Brewers' Association.

Dr. GRAY. I always send the official published reports to any one asking for them, and I answered this association after I had received additional letters from three or four prominent and responsible gentlemen, among them lawyers, etc., saying they thought a public officer ought to furnish the statistics upon any subject to reputable men, or refer them to where the statistics could be found. Afterwards I furnished the statistics as they appear in the actual reports made to the legislature. I have not received any replies in pamphlet form, but I presume if the letters of others were there my own appeared. However, I have made up my mind to ignore those things as far as possible, because I do not think that that sort of pseudo-science, or whatever it may be called, should be in the least encouraged. I think spontaneous labor on the part of men who know about the subject they are writing upon, who give what they know themselves, and compare it with what has already appeared on the subject, is the only method that authors should adopt. I believe that these "sponges," professional or other, should be dropped.

Dr. EARLE. I am very glad to have heard Dr. Gray's remarks. The object, in this case, appears to have been, as I suspected from the beginning, an attempt to sustain a trade, the support of which is the support of the cause of intemperance. The pamphlet shows that only seven per cent of the cases of insanity are caused by intemperance, and then gives the National Revenue from the production of alcoholic drinks, in such way as to lead to the inference that the nation gets abundantly paid, perhaps much overpaid, for the little detriment of the seven per cent of insanity which is caused by it.

Dr. NICHOLS. I received the same application for information upon this subject, and it was from a Brewers' Society, and I took it entirely as in the way of trade. It was made to appear that liquors, and malt liquors particularly, were not as injurious as was generally supposed. I think I received as many as three applica-

tions for the same information; certainly three. The appeal in the case was fortified by the names of additional superintendents of institutions for the insane, who, it was stated, had responded to the application for information. I treated it as Dr. Earle says he did. I did not furnish any information.

I will take the liberty of saying, while I am up, that I think the subject presented by Dr. Channing is one of a good deal of moment in connection with a class of people whose welfare we are met here to promote. For one I very much hope that Massachusetts will not be led into the concretion of the extreme reaction of sentiment which has taken place in regard to the cost of institutions for the insane in that State. While they have built at an unnecessary expense—I think no one will dissent from that statement,—not more so than other States have done however,—yet they are not impoverished by it, and after expending the very large amount of money for the accommodations they have for the insane, I think Massachusetts is perfectly able to properly prepare for the increase in the insane in that State, and I hope it will not be led into putting up card-board shanties that can neither be comfortable, healthy, safe nor reputable. I do not know that it will be led into that mistake; but I certainly hope it will not. I may also remark that I have been from the outset of the consideration of the very important question of providing for the criminal insane, in favor of the erection of buildings or quite separate wards, and of course quite differently constructed from those for the general class of patients, for the criminal insane, in connection with our State institutions for the insane. I am not sure that it seems to me to be necessary to have one in connection with every State institution, where there are several institutions in a State. It seems to me that is the only practicable way—and it is certainly a practical way—of meeting the question of making provision for the criminal insane and of getting them out of the wards for the ordinary insane, which seems to me to be very important. States like New York and Massachusetts can have separate institutions for the criminal insane, though it strikes me that it is hardly desirable to have entirely separate institutions even in those States.

Dr. Earle. Not in Massachusetts.

Dr. Nichols. But there are a great many States that can have them, and I think that some practical plan can be suggested—I think that the plan that I now have suggested and which has been

suggested by Dr. Channing, and is in contemplation in Massachusetts, is one that any State can adopt, and whether it has six or sixty criminal insane, it can provide for them in that way and put them under the most humane and enlightened supervision at a moderate expense, and it seems to me it could be done without the slightest encroachment upon the provisions of management and privileges of the ordinary insane.

Dr. Gray. Mr. President: I was not present when this matter was first brought up, but I think I ought to say something in connection with the remarks of Dr. Nichols. I have had some experience in having criminal insane, both convicts and what are ordinarily called criminal insane in a State institution. I am utterly opposed—looking through my experience—to any such plan as a ward or any other building for the care of the criminal insane connected with a State institution. In the first place the proximity of that class, which it is admitted should be kept away from the ordinary insane, is unpleasant, and it is difficult to have them properly cared for without, on the one hand, too much isolation, and on the other hand if they are mingled with the ordinary patients in their exercising grounds and in the work upon the farm, or taking walks in the vicinity, that immediately breaks up any separate arrangement. Besides that, it would be unjust to the criminal insane themselves to house them all together in one ward—the quiet and orderly, with the noisy, filthy, disturbed or dangerous. It throws aside at the very beginning all the ideas of classification and pleasant or injurious attrition of patients upon each other. The very purpose, therefore, of making them feel agreeable and comfortable and putting them under "humane and enlightened supervision" is thwarted. Such a ward would become merely an alms-house ward. I have been in an alms-house where they have cared for their chronic insane, all classes, the noisy and maniacal and epileptic patients with filthy paralytics and quiet and demented ones. This would be the same thing. The State of New York projected the institution, which now has its existence at Auburn, and is highly successful, a good many years ago. At that time I visited, at the request of the governor, all the prisons of the State, examined all the convicts, and made a report to him as to the number, character and crimes of the prisoners who were actually insane, and so insane as to disturb the discipline and order of the prisons. The institution was established as the result of this inquiry. When organized it first only received the insane convicts from the several prisons. However, a law was passed

subsequently, transferring from the State asylums all such criminal insane as were recommended to be transferred by the superintendents, after examination into each case by a justice of the supreme court, he having the final responsibility.

This law, however, limited the transfer to cases of "arson, murder, or attempt at murder, or highway robbery." I am glad to say that this last winter, on my recommendation, the legislative investigating committee reported and secured the passage of a more comprehensive law, similar, in essence, to the provisions that exist in England; that is, instead of restricting the cases of transfer simply to those who have committed murder, attempt at murder, arson and highway robbery, there is no designation of crime—it embraces all persons who have committed crimes; leaving it open to transfer all criminals who were dangerous or injurious to the welfare of the ordinary insane in the hospitals, following the course in England of transferring the same class of persons, from county asylums to the Criminal Asylum at Broadmoor.

Now the system has certainly acted well in England, and in the absence of Dr. MacDonald, who is the superintendent of the Criminal Asylum in New York, I think I can say that it is conceded by the State officers and the legislature, and by all those who have had an opportunity to look into the matter, that that institution is a success, and I know that it is an infinite relief to the State Lunatic Asylum at Utica, and I should be very sorry to see any movement which would tend to place the criminal insane in isolated confinement in connection with any State institution. Of course if the States are too small, as some of the New England States are said to be, I can see no objection to the erection of a central hospital for two or more States where each State could secure an opportunity of transferring their criminals from the different institutions. I do not know how the matter would work, but if there are from seventy to one hundred in the State of Massachusetts that would be half as large an institution as some members of the Association believe ever ought to be erected. But any institution which covers over fifty persons could very easily arrange a proper classification, so that those people would not be brought together in a confused heterogeneous mass, with mania, melancholia, dementia and general paresis represented, and with the filthy, orderly, the quiet and neat all put together in one ward. I think nothing could be worse than that. For myself, if I had a friend or acquaintance who was unfortunate enough to be a criminal and insane, I should prefer that he be left in prison, rather than that he should be placed under such a system as that.

Dr. CHANNING. I do not think Massachusetts will put up such buildings as those which Mr. Atkinson has suggested. I simply brought those plans here because I thought they contained some suggestions—that they were rather better than card-board houses, that they were all substantial, warm and well ventilated, etc.; and I thought they would be interesting for the Association to look at. The probability now is that we shall have a homœopathic insane hospital there. The Westboro Reform School will probably be adapted to the use of 325 insane persons under homœopathic treatment. In other ways we have perhaps retrograded in some particulars in Massachusetts in regard to provision for the insane; a bill, for instance, has been passed that all cities of over 50,000 inhabitants may erect an institution for the care and treatment of their own insane. It is *may*, and we only have two or three cities of over that, so that there will not be many erected. Our State Board of Health, Lunacy and Charity, has arranged for the transfer of the insane belonging to towns and cities, many of them back again to the alms-houses, especially if they have an insane department. The consequence is, at the present time, in several of our alms-houses we have quite a large number of insane persons under lay management. For instance at the Lowell Alms-House there is an insane department in which I think there are as many as at least fifty or sixty insane persons, and they are visited by a doctor from the city once or twice a week. There is also at Lawrence, an insane department, and at Salem one is to be erected. In the Salem Alms-House there is quite a number of insane patients and their treatment, from a recent report, I should suppose is not of the best. There are fifteen or twenty; that is as far as I know. They were probably sent to the large hospitals and have gone back there for want of accommodation.

In regard to insane criminals, having been for some time connected with Auburn Asylum, I there got some knowledge of the treatment of insane criminals; from examining also all the convicts in the State Prison and Female Reformatory in Massachusetts becoming insane, I have a little idea of the treatment of this class, both in a special institution and in a general insane hospital. I have seen myself that when the insane convicts are treated with the other insane, in a general insane hospital or in a separate ward, they are a constant source of great embarrassment. At Worcester, where the number is very large, and where wards were supposed to have been built especially for this class, they can not practically be treated together in one ward—there are so many

varieties of insanity among such a large number of insane convicts. I think it is the testimony of all the Massachusetts superintendents that this class is a source of great difficulty. In the State Prisons in Massachusetts there are a number of insane convicts who remain there because there is no place to send them. We do not feel like requiring the hospital superintendents to take them. They are often desperate men, and where we know a case is a homicidal one, we do not feel like recommending him to be transferred, although I think it may be the best way to get proper provision by so sending them. They are a source of trouble to the warden of the State Prison; he has to keep them closely confined, and they do not get the employment that they need. Then when they come to the hospital they make trouble again, and it seems only right to keep them shut up more closely confined than the other patients. The picture is different at Auburn, as I have said, where the insane convict or criminal is treated very much like any other insane man, except that he is a little more closely confined. He has a great many privileges and enjoys a larger degree of freedom and receives better treatment in every way than it is possible to give him in Massachusetts. Many of the insane convicts in the lunatic asylums are men who are depraved and vicious, and can not be allowed to associate with the other patients without the greatest injustice, and where one sees both sides of the picture as much as I have—having been interested in the subject, and seeing a number of insane criminals every year, one is very much impressed with the advantages of a separate institution for insane criminals.

Dr. EARLE. Dr. Nichols suggested, as a palliative, at least, for the mistake made by Massachusetts in the erection of so expensive a hospital as that at Danvers, that Massachusetts was not impoverished by it. Of course she was not. If she had expended ten millions upon it she would not have been. But that does not relieve the taxpayers of the State from the effect of the burden of to-day, which is, that they are paying ninety thousand dollars interest, annually, on the cost of that establishment. Aside, therefore, from the actual necessary current cost of support of its inmates, there is this additional ninety thousand dollars a year to be considered as a part of their expense to the State. The hospital was intended for 450 patients. The commissioners and the physician who advised them, always maintained that it never ought to contain more than that number.

Provided, therefore, that the number of patients had been limited to 450, the actual cost, to the taxpayers of Massachusetts, of the insane paupers,—and I suppose considerably over three-fourths of the inmates of Danvers are paupers, are they not Dr. Channing?—

Dr. CHANNING. I should think so.

Dr. EARLE—would be about eight dollars each, per week. Instead of having 450 patients, it has almost 750. When I last heard, it had 730. The hospital never paid its running expenses until the last official year, when the average number of inmates was nearly 700.

In regard to the plans which have been shown by Dr. Channing, and the remarks upon them by Dr. Nichols, I may say that the gentlemen may rest assured that Massachusetts is not going to commit itself to any unwise experiment. That State will never, unless a great change takes place, house its insane in buildings where their physical comforts will not be sufficiently administered to. As an evidence, take our asylum for the chronic insane, at Worcester. A member of the State Board of Health, Lunacy and Charity, within the last year has said to me, "It is the best hospital in the State,"—meaning, as I inferred from the previous conversation, the most comfortable and homelike.

Dr. NICHOLS. Better than that at Northampton?

Dr. EARLE. ——— ——— ——— I quote from a member of the State Board of Health, Lunacy and Charity.

The whole subject is in the hands of a body of men who will never see their fellow-men improperly treated,—a body of men and women, for women are now beginning to form an important factor in the administration of the charities of Massachusetts.

Dr. SCHULTZ. Mr. President: With reference to the remarks of Dr. Nichols, I wish to say something. Dr. Nichols did not elaborate his remarks, and I do not know fully what his ideas are in regard to the association of these two classes of people, the ordinary insane and the insane convicts; whether he believes they ought to be in the same building or in the same town, or on the same farm, but for my part I should object to having them on the same farm. We have 260 acres at Danville, and have only 400 patients, and yet can not find room enough for suitable exercising grounds; for they are mostly unskilled laborers and they require plenty of elbow room. On that account we go out for exercise into the lanes and roads of the neighborhood, and the consequence is that we are blamed for trespassing, justly perhaps. Now, if

we had insane convicts, classified and known as such, we should be restricted still further, as they could not come in contact with each other out of the buildings and away from them, any more than in the halls or amusement room or chapel.

When the Danville Hospital was erected, the attempt was made to have a part of the building appropriated for the insane convicts of the State, but while deliberations on the matter were in progress an article appeared in one of the medical journals of this city, by one whose ability to speak with authority none of us would for a moment question. He maintained, with much emphasis and philosophy I think, that it required one kind of mental organization, habit of thought and moral disposition to take care of the criminal class, and a totally different one to take care successfully of the ordinary insane, and that the two classes could not be suitably cared for under one management.

When some years later the buildings had to be in part re-erected, the same questions arose once more. After a somewhat full conference at the hospital, by a legislative Committee, the Board of State Charities and the Trustees and officers of the hospital, the conclusion was arrived at and acted upon that it was inexpedient to take care of the insane convicts in the building. I hardly know whether I am more surprised or more pained to hear a statement made in this meeting, that these two classes of patients should be taken care of together. I think the position of this Association ought to be, decidedly, that it is utterly wrong to treat them together, and it is to be tolerated then only as the lesser of two evils.

Dr. Nichols. I think, Mr. President, that both Dr. Channing and Dr. Schultz misunderstand me to some extent. I do not think there is any member of the Association that is more impressed with the importance of separating the criminal insane from the general insane than I am. When I was an assistant physician at Utica, the criminal insane were sent to that institution, and I am unable to portray the evils that attended their association with the other insane. I think Dr. Channing did not quite appreciate my sense of the necessity of separating them. I have no idea whatever, if they are treated in connection with the ordinary insane, under the same organization, of their coming in contact with them, and I should be as strongly opposed to it as any other member of the Association, I think. But I can not see, if there is a farm connected with the institution of 260 acres, why 60 acres of that farm can not be taken, walled in, and buildings

for the accommodation of the criminal insane be erected, and the criminal insane be treated there as well as they are at Auburn. I perhaps was unfortunate in using the word "ward," though I also used the word "building." I have not the slightest idea of putting all the criminal insane in wards with the other insane, much less of putting all in a single ward, which might be implied. If there was a building admitting of a classification of three classes, it would be more than we see in a great many of the insane hospitals. How many insane are there in our alms-houses and other institutions that do not have such classification as that? It is from my sense, Mr. President, of the presence of the crying evil of associating the criminal insane with the general insane, and of the necessity of dis-associating them, that I am in favor of adopting a plan that is feasible, and it is not from any disposition towards any retrograde movement in the care of the insane.

Dr. CHANNING. It seems to me that a separate building might be put up and serve a good purpose upon the grounds of an existing hospital, and on the score of expediency it might be the best plan, but I think the best ideal plan is an institution for the criminal insane absolutely and wholly separate, where there is no possibility of association or of any possible demoralization in the environment of that class. I think the insane criminals themselves could have more liberty and more perfect treatment by themselves, on a good sized farm which they could work to a greater advantage, than in proximity to an ordinary institution. I think if they were so near together the tendency would be to curtail the privileges of each class to some extent.

Dr. NICHOLS. Provided it is necessary to have a farm, would you not consider it necessary to have that surrounded by a wall?

Dr. CHANNING. I think not, sir, if there is no other branch of the insane hospital near by.

Dr. NICHOLS. I should think the patients would be more likely to escape.

Dr. CHANNING. Always in an insane hospital there will be a percentage that will escape, and special provision should be made in a hospital for insane criminals for that class. They should not be allowed too many privileges. They should be more closely guarded, and should sleep in strongly built rooms and be allowed only in a walled inclosure. But as you know, Dr. MacDonald, superintendent of the asylum at Auburn, allows a great many of his patients to go out into the neighborhood and do work for

farmers, and he also permits them to work in the fields near by the asylum. Even among the criminal insane, there will be a large percentage, who, under supervision, can go out without the necessity of having any walls to prevent them from escaping. It would be a great expense, I think, and there probably is only a small percentage that is liable to escape.

Dr. GRAY. Dr. Channing, whether this separate institution was on a farm, connected with a hospital, or was in any other place, it would have to have its own medical officers?

Dr. CHANNING. Certainly, that would be the only proper way.

Dr. EARLE. It is necessary, in justice to myself, that I should make an explanation in regard to the subject which has been under discussion. While Dr. Gray had the floor, I expressed the opinion that it is not desirable, in Massachusetts, to have a separate criminal asylum. It is not because I do not think that such treatment is best. My remarks were based upon the fact that the number of patients in Massachusetts, who, in my opinion, ought to be domiciled in such an institution, is too small at present to justify the construction of an independent establishment for their accommodation. Could such a thing be effected, I would hail the day upon which it might be decided that the States of New England should unite in the erection of a joint asylum for the criminal insane. Dr. Gray alluded to the number of the criminal insane in Massachusetts. Three-quarters of them, roughly speaking, are criminal only in the very lowest degree, and no worse than many of the patients by whom they are surrounded in the present hospitals. An insane man, happening to get drunk, is taken up in the streets, sent to the jail, and thence to the House of Correction. He is brought from that institution to ours or one of the other State hospitals, and in two or three months the term of his sentence expires. Shall all these cases be confined in a separate institution with other convicts? If those, why not a large proportion of other pauper insane in the institutions who are really as objectionable as these petty criminals themselves? I do not wish to prolong the discussion, but I thought it right to prevent myself from being misunderstood.

Dr. GRAY. I would say that the class of persons mentioned by Dr. Earle, are not recognized in New York as insane criminals. They are simply persons found to be dangerous to be at large, and are not subject to transfer to the institution for insane criminals.

Dr. EARLE. In our State they are all called criminal insane, and the fact that so large a proportion of them were arrested for merely petty offences is perhaps one of the chief reasons why Massachusetts has not done something toward making separate provision for them. The numbers of the really criminal insane, that is, those convicted of felony, and those who have committed homicide or other capital crimes, but have not been put upon trial, are very few.

The PRESIDENT. The discussion on Dr. Schultz's paper is now in order.

No one rising to discuss the paper of Dr. Schultz, the Association listened to a paper by Dr. Theodore W. Fisher, on Tumor in the Brain.

The next paper read was by Dr. John B. Chapin, on Mental Capabilities in Certain Stages of Typhoid Fever.

Dr. GRAY. If in order, Mr. President, at this time, I should like to bring a matter to the attention of the Association. Some members, among them Dr. A. E. Macdonald, of New York, have suggested the possibility of their going to the International Congress at Copenhagen. I should like to make the motion that any members intending to go could call upon the Secretary to certify them, that they may receive a certificate of representation to that body.

The motion was carried.

At 1 P. M., on the motion of Dr. Curwen, the Association took a recess until 8 P. M.

The afternoon was spent in visiting the Male department of the Pennsylvania Hospital for Insane.

The Association was called to order at 8 P. M., by the President, Dr. Earle.

Dr. CHAPIN. If it is in order I would like to submit a resolution which I will read.

Resolved, That assistant physicians of State and incorporated hospitals and asylums for the insane, who have been continuously in service for a period of five years, are hereby constituted

members of this Association during their official connection with the respective institutions.

Mr. President, I do not rise for the purpose of asking any action upon this resolution at this time, or submitting to the Association any reasons why I think such a resolution should be adopted, but I move that it be referred to a committee to consist of the President, Vice-President and the Secretary of the Association to report at the next meeting. Of course it involves some modification of the organization of the Association, and it is very proper that some time should be taken for the consideration of such a proposition. I would offer the resolution and offer that motion.

The motion was carried.

The Secretary then read a telegram from Dr. Macdonald, regretting his inability to attend.

The Secretary read the appointments of Standing Committees for next year:

1. On the Annual Necrology of the Association: Dr. Eugene Grissom, of North Carolina; Dr. A. B. Richardson, of Ohio; Dr. Edward Cowles, of Massachusetts.

2. On Cerebro-Spinal Physiology: Dr. J. Strong, of Ohio; Dr. Theodore W. Fisher, of Massachusetts; Dr. J. Z. Gerhard, of Pennsylvania.

3. On Cerebro-Spinal Pathology: Dr. Richard Gundry, of Maryland; Dr. C. H. Hughes, of Missouri; Dr. H. Wardner, of Illinois.

4. On Therapeutics of Insanity and New Remedies: Dr. J. B. Andrews, of New York; Dr. H. M. Hurd, of Michigan; Dr. A. N. Denton, of Texas.

5. On Bibliography of Insanity: Dr. W. Channing, of Massachusetts; Dr. H. P. Stearns, of Connecticut; Dr. P. L. Murphy, of North Carolina.

6. On Relation of Eccentric Diseases to Insanity: Dr. J. H. Callender, of Tennessee; Dr. D. Clark, of Ontario; Dr. S. S. Schultz, of Pennsylvania.

7. On Asylum Location, Construction and Sanitation: Dr. Jos. Rogers, of Indiana; Dr. J. T. Steeves, of New Brunswick; Dr. G. C. Palmer, of Michigan.

8. On Medico-Legal Relations of the Insane: Dr. John P. Gray, of New York; Dr. P. Bryce, of Alabama; Dr. G. C. Catlett, of Missouri.

9. On the Treatment of Insanity: Dr. H. F. Carriel, of Illinois; Dr. D. R. Burrell, of New York; Dr. A. M. Shew, of Connecticut.

The PRESIDENT. Dr. Bucke was to read a paper this evening but he will not be here, and there is no further business aside from the closing resolutions.

Dr. CALLENDER. I present the report of the Committee on Resolutions: Your committee have instructed me to report as follows:

The Association of Medical Superintendents of American Institutions for the Insane, about to terminate its meeting in this city, in which it was organized forty years ago, and in which it has held seven of its annual meetings, in offering the customary resolutions of the occasion, is inspired by mingled emotions.

The selection of Philadelphia for this meeting was mainly induced by the hope of the presence, at its deliberations, of one of its venerable and eminent founders, whose weight of years and declining strength was known to the membership—the late Thomas S. Kirkbride, M. D. The inscrutable wisdom of Providence has frustrated that hope. His face was not among us, but the memory of his abilities and his rare virtue was left to us to honor, and will be green as long as the Association shall survive. This meeting has been graced, however, by the presence of another of the links yet connecting this body to the day of its foundation, in the person of our distinguished President, Dr. Pliny Earle, the contemporary and colleague, of Dr. Kirkbride, and the Association congratulates itself upon the fact, and cordially wishes him length of years and usefulness.

The Association records with pleasure, that the authorities of public institutions of this city, with which our work is affiliated, and the resident members of the medical profession, have greeted it with their accustomed liberal hospitality, and the observation of our visit is that Philadelphia—the pioneer in this country of humane endeavor in behalf of the insane—is yet abreast of the current of progress in general philanthropy guided by medical science.

To the Board of Managers of the Pennsylvania Hospital for the Insane, and to Dr. S. Preston Jones, for many years in immediate

superintendency of the Male Department of that renowned institution, we are indebted for the privilege of visiting the wards of that department, and for their courteous attention.

To the Managers of the Friends' Asylum at Frankford, and Dr. John C. Hall, the superintendent, we are indebted for an agreeable afternoon in the inspection of the appointments of that institution —a model of neatness and comfort, and an honor to the specialty.

The Association expresses its high appreciation of the invitation to meet the Medical Society of the State of Pennsylvania in its annual session, and the opportunity afforded to mingle with its members, and of attending the reception held by its eminent president, Henry H. Smith, M. D., of this city, in the rooms of the Philadelphia Academy of Art.

The thanks of the Association are returned to the Guardians of the poor of the city of Philadelphia, for an invitation to visit the Insane Department of the Alms-House, to the Managers of the House of Correction, to visit that institution, and also to the Directors of the School for Imbecile Children at Elwin, Pennsylvania, and its regrets are expressed that the limited period of the session, and the immediate business of the body rendered it impossible to avail itself of their kindness.

The reporters of the city press, in attendance upon the sessions of the Association, have laid it under obligations for their reports of the minutes of its proceedings, and Messrs. Kingsley & Co., of the Continental Hotel, have its thanks for the quiet and commodious parlor furnished for its use, and for their attention and courtesy to its members as their guests.

Dr. NICHOLS. I move, Mr. President, that these resolutions be accepted and approved and go upon the record.

The motion was adopted.

A motion was then made to adjourn until next year.

Dr. NICHOLS. I would like to make a motion before that is put, Mr. President, if the mover of it will give way. I would say that the resolutions just passed contain an admirable notice of our late associate, Dr. Kirkbride, although it is brief. The reception and adoption of these resolutions is a *fait accompli*, and are a part of the concluding proceedings, and I suggest that a copy of so much of these resolutions as relates to Dr. Kirkbride be sent to Mrs. Kirkbride.

The motion was carried.

Dr. EARLE. A motion has been made to adjourn until next year. Before a vote is taken, I wish to express to the members of the Association the very great pleasure it has given me to meet you all. I have very much enjoyed the meeting. Wishing you a safe return to your homes, and that we may all live to meet in Saratoga next year, I now put the motion to a vote.

The Association then, on motion of Dr. Curwen, adjourned, to meet in Saratoga, on the third Tuesday of June, 1885, at 10 A. M.

[STENOGRAPHICALLY REPORTED FOR THE AMERICAN JOURNAL OF INSANITY.]

BIBLIOGRAPHICAL.

BOOK NOTICES.

Insanity Considered in its Medico-Legal Relations. By T. R. Buckham, A. M., M. D. Philadelphia: J. B. Lippincott, & Co., 1883.

We recognize this book as an attempt to deal with this subject in such a manner as to make it of utility not only to courts and lawyers, but to the public in general. The author avows his purpose to get rid of the judicial cobwebs that have been spun from time to time to serve as "legal tests of insanity," and to show, from his view of the nature of the disease that the question must always be one which only "experts" can determine in each case by their knowledge of pathological facts.

In his introductory chapter he gives abundant illustration of the uncertainty of verdicts in insanity trials, arising from contradictory rulings of the courts on legal tests and the limits of responsibility, the improper use of the term "expert," and the confused definitions of insanity offered. He criticises Dr. Taylor's definition that it is a "state of disordered mind in which a person loses the power of regulating his actions and conduct according to the ordinary rules of society," by saying that "no departure from *ordinary rules of society*, no unreasonableness of belief, nor extravagance in conduct or behavior, is alone conclusive evidence of insanity." We can but think the illustrations he cites to justify this statement are rather unfortunate. Certainly the "doctrine of transubstantiation" or the self flagellations of certain religious orders, do not come under this head. It was a lunatic, (bent on killing his wife) that

once argued with Dr. Brigham that he ought to shut up three-quarters of the community for believing in the doctrine of resurrection, which, he maintained, was as "contrary to reason, contrary to experience, and contrary to good sound common sense," as his own belief (delusion) that he was invulnerable, and was going to live forever in this world. And yet any person of ordinary observation would readily detect that this man was insane. We should not construe Dr. Taylor's definition to mean the "ordinary rules of society" in other ages or countries than that of the patient, or circumstances other than his accustomed and natural surroundings. Of course all these "definitions" of insanity are descriptive rather than logical, and have reference to its effects on the individual rather than its nature as disease; thus, to expand Dr. Taylor's ethical definition, we might say it is "that disordered state of mind in which a person suffers the loss of reason as to his own character, conduct or circumstances, and the ability to control himself accordingly, or the loss of what is called common sense as to the character, conduct and circumstances of those around him," and as such it is a profound *departure* from his own normal state. Hence the exceeding fitness of the word *alienism* as used in the literature of this subject.

It is manifest that any definition of insanity depends in some degree on the view taken of the mind and its relations to the body, and the various theories are reflected more or less in the views taken by writers of the nature of insanity. Dr. Buckham brings forward the "Somatic or Materialistic," the "Psychical or Metaphysical," and the "Intermediate," or, as called by some, "Psycho-Somatic." The theory adopted by the author is, as he chooses to express it, the "Physical Media," to which he devotes his second chapter.

In his third chapter, Dr. Buckham disposes of the "Somatic" or materialistic theory, by showing that it necessitates the absolute denial of any such thing as independent will, or moral responsibility, or spontaneity in human character. Even if it were granted that cerebral changes always *accompany* mental manifestations, that fact does not contribute an atom of proof that there *is nothing but* cerebral change, nor even would it be conclusive as to whether such change were either a cause or an effect. The questions of evolution and heredity which come in here are not as yet scientifically settled, but with a partial integration of facts, is mixed up a vast amount of hypothesis and speculation, such as those in relation to spontaneous generation, and the actual transmutation of species, which one is almost tempted to classify with a doctrine of metempsychosis. Even Professor Huxley, who writes like a man that has "theology" *on the brain* and calls his essays on science "Lay *Sermons*," says, with his characteristic allusion to Biblical phraseology, that "the man of science has learned to believe in justification, not by faith, but by verification." It would be only to spoil the neatness of this aphorism to accept gratuitously, either the physical basis of life as identical with the origin of life, or the physical functions of the brain as the only origin of mind. Nobody has ever yet observed the physical process of thinking; and Professor Tyndall declares that "the passage from the physics of the brain to the corresponding facts of consciousness is unthinkable." We have not even the poor comfort of applying to this subject the conjectural reasons given for the actual great differences in really isomeric bodies. Definitions of insanity founded on this theory would be disastrous to medico-legal jurisprudence; the only grounds for dealing with what we call criminals would be the same as

for destroying noxious insects and reptiles; in fact, the very maintenance of human and charitable institutions would be of questionable advantage to society.

The "psychical" or metaphysical theory the author disposes of at the same time he sets forth his own "physical media" theory. If by the psychical theory is meant that the mind as an entity is capable of insanity, independently of the bodily organs, we apprehend that very few are left who would advocate such a theory as this. Possibly some of those who hold to what they call "moral insanity" may explain their position on such grounds. We may not undertake to decide whether a spiritual entity may in the transcendental state of existence be affected by a lesion which is the analogue of a physical lesion, but it is obvious that such a question belongs to the sphere of metaphysical philosophy or theology, and has no bearing upon the science of medicine or disease. Professor Ferrier's statement embodies what is now generally admitted, "that when mental aberrations, of whatever nature are manifested, the brain is diseased organically or functionally." "Disease has been established in that organ by *means of which* alone it is possible for the mind to control and govern bodily actions and tendencies," and here we may add, as against the extravagant views of heredity, it *is* possible for the mind to control and govern bodily actions and *tendencies*, even to the extent of warding off brain disease.

Dr. Buckham's account of his own "Physical Media Theory," briefly stated, sets forth that the mind, as an incorporeal entity, is dependent on the body, not for its existence, but for the manifestation of its operations. The mind, as associated with bodily organs through which it acts, is the only thing of which human law can take cognizance. As a consequence, since there is

no evidence that the mind itself can be diseased, if the "physical media" or organs become disordered so as to pervert, or prevent, or dominate the mental action, there is insanity and irresponsibility.

This theory supposes it to be impossible that the mind should be affected *per se*. The author says that it is preposterous to imagine that a diseased incorporeal entity would be cured by medical remedies; but this, perhaps, is taking us a little out of our depth. The argument needs not to be pressed in that fashion. We are on safe ground when we stick to the definition of *disease*, which the author gives from Dr. Johnson, as "that which causes destruction by disintegration of the elements of its contexture, or the resolution of its parts." This certainly confines us to the material organs.

We do not know that it is necessary to follow this line any further. The author admits that if his work were intended for physicians only, such exhaustive treatment would hardly be necessary. But we must say that his theory can hardly claim to be called an entirely new one. The physical basis of insanity is a generally accepted doctrine; and the researches by microscopy and micro-photography have wonderfully confirmed the theory held by many before. We suppose that the author is correct in saying that "there is not an Alienist in the United States who believes that insanity is a disease of the mind" (in itself).

As founded upon his theory, Dr. Buckham gives the following definition of insanity: "A diseased or disordered condition, or malformation of the physical organs through which the mind receives impressions, or manifests its operations, by which the will and judgment are impaired and the conduct rendered irrational," to which he appends the corollary: "Insanity being

the result of physical disease, it is a *matter of fact* to be determined by medical experts, not a matter of law, to be decided by legal tests and maxims."

We shall probably have to confess that for a definition which really bounds or limits the whole subject, the profession has still to wait. Mental unsoundness arises from unsoundness in the bodily organs; but what is the specific nature of that unsoundness in the body which issues in insanity alone? Of course we can give descriptive definitions of insanity without knowing the answer to that question.

So far then, perhaps, all is very well. But when we come to the fourth chapter, in which the "Intermediate theory" of Wharton and Stillé is discussed, we confess there seems to be confusion of ideas in the reasoning, not to say, what the author seems to be partly conscious of, a little of the hypercritical spirit. Those able authorities are not so easily to be written down. When these writers say that their view "attributes to the body and soul alike, (or both,) originative influence in the growth of mental diseases," we do not understand it to imply, as Dr. Buckham insists, that the incorporeal entity of the mind itself may suffer lesion or be diseased, any more than we understand Dr. Bucknill or other authorities to so imply, when they use such expressions as "mental disease" or even "intellectual lesion." These terms are generally understood to be conventional merely, and imply only some derangement of the nervous system which has disordered mental action, "amenable" as Dr. Maudsley says, "to the same method of investigation as other nervous diseases." Otherwise, insanity would not be strictly a medical study. The "intermediate theory" is not a combination of the psychical and somatic theories; but it simply recognizes the agency of both mind and body in the

production or *causation* of insanity. The disease as such is physical, but body and mind act and react upon each other, and if the body may not affect the substance of the mind *per se*, *non constat*, as the lawyers say, but that the state of the mind may work to bring about disintegration and disease in the organs of the body. This is enough to justify the statement which "attributes to the body and soul alike originative influence in the growth of mental diseases." Much less does this view "approach the somatic view very closely" as Dr. Buckham intimates; since it does not make the mind dependent on the body for its existence, but only for its organic manifestations, which is equally true of the author's "physical media" theory. We do not allow the objection of inconsistency to the two propositions of Wharton and Stillé, that "the mental and moral functions are the immediate products of an independent sphere of organism, and not to be explained by anything lying outside of that sphere. The brain and the nerves have only the physical part of perception and motion, and to some extent the regulation of the functions to perform; but the soul can not but be considered as distinct from this activity of the nerves." The words "of organism" might, perhaps, have been omitted, because we know of no "organism" but the physical; but it certainly is not in the interest of any but a materialist to controvert these propositions. Neither does the intermediate theory conflict with the ordinary conception of therapeutics, as the administration of a "material remedy" for a physical disease. When the disease has been set up, whether from physical or moral causes or both, the treatment is medical; but it would be "somatism" intensified to maintain that there is no treatment for any case of insanity, but only the administration of some "material remedy" found in the

pharmacopeia. We fear that Dr. Buckham's "physical media" theory lays itself liable to this absurdity, thus capable of being perverted in some hands into a mere rejuvenescence of the "somatic or materialistic" theory. If this be not the case, then our only conclusion can be that Dr. Buckham has in this chapter labored very industriously to establish a distinction without a difference, very much such as would be the holding that *mania-a potu* is an organic disease, but that a man is responsible for acts committed under it, because he voluntarily brought it upon himself.

In his final, and by much the longest chapter, Dr. Buckham accepts the definition of what constitutes an "expert" in the proper sense of the word, as given by Wharton and Stillé as implying not a general, but an *exact* knowledge of a special subject. Experts in insanity should have sufficient acquaintance with law to determine the responsibility which is to be the object of the contested capacity; with psychology to distinguish the character of mental operations; and with medicine, of course; but he does not agree with them in their views of determining the question of responsibility. They seem to think there is no remedy for the present uncertain legal tests of insanity, or for the conflicting testimony of experts, but to leave to the courts the duty of weighing the evidence, and instructing juries accordingly. Dr. Buckham argues ingeniously for some system by which the number of experts may be limited to a class who shall have a quasi official character, who shall receive no compensation for their evidence, and whose statement of the fact of sanity or insanity shall go to the jury without the discoloration of any "legal tests" set up by lawyers. Prisoners setting up this defence should at once be remanded to a hospital, for the test and personal examination of

experts, whose decision should be final. It is not the court or jury, but the *Law* that determines the question of responsibility when the facts are once proved. He believes the American Medical Association, and the Association of Medical Superintendents furnish a sufficient guaranty and standard of uniformity as to vexed questions most subject to disagreement, and as an instance of this, he cites the papers read and the conclusions reached by the latter Association on several subjects: one by Dr. Patterson on the question of recognizing "Moral Insanity;" one by Dr. Gray on the "Relations of Spiritualism to Medical Jurisprudence;" and one by the author "On Medical Testimony," with special reference to cases of insanity against general practitioners being called as experts, in all which practical unanimity was obtained. There is certainly great force in Dr. Buckham's views as elaborated in this chapter, almost to the point of tediousness, though justified by the apathy or ignorance of the public toward this most important subject.

The tendency of courts has been to retain the definitions of a past age as well as their "legal tests," even while admitting that they are imperfect and unsatisfactory. This is quite as prominent in England, at this time, as in this country. Law in this department has barely kept pace with medical progress.

In the very able lecture of Dr. Bucknill on the "Relation of Madness to Crime," delivered before the London Institution, February 28th, 1884, which was published in the *British Medical Journal*, this point is quite exhaustively discussed. The utterances of Lord Coleridge, Lord Blackburn, and Mr. Justice Stephen, which he quotes, show very conclusively not only how unsatisfactory the law is, but how extremely difficult it is to formulate expressions to make the law

what they believe it ought to be. It was considered a great step forward when Chief Justice Cockburn added to the old formula of a "knowledge of right and wrong," the possession of the "power of self-control accordingly."

It will be generally conceded that in the interests of justice and of good order in society some legislation is desirable in regard to the manner in which the State shall avail itself of the aid of expert knowledge in determining questions of insanity and irresponsibility, especially where human life is at stake, and all efforts which tend to throw light upon the subject must be heartily welcomed.

Dr. Buckham has added an appendix to his work which embodies a digest of many very curious decisions of the courts and judges, interesting to both the legal and the medical profession.

REVIEW OF AMERICAN ASYLUM REPORTS, 1882–83.

KENTUCKY:

Annual Report of the Eastern Kentucky Lunatic Asylum, Lexington, Ky. Dr. R. C. CHENAULT.

There were 619 patients in the Asylum at the beginning of the year, October 1st, 1882. There were 176 admitted within the year. Whole number under treatment, 795. Recovered, 61. Died, 48. Whole number discharged, 152. Daily average, 636.24. Per cent recovered on admission, 34. Per cent died, 6. Total cash disbursements for the year, $118,190.34. The allowance per cap. for the maintenance of insane patients in Kentucky hospitals, has been, since 1880, at the rate of $165, a year. Against this low rate Dr.

Chenault protests; and asks that the former allowance of $200 a year be reinstated by statutory enactment. He also recommends provision for the chronic insane by the construction of detached wards or cottages, to be under the control of the present hospital authorities.

This report is somewhat anomalous, in constitution. It is made up of a brief introduction by the Board of Trustees—an essay on the subject of "non restraint," in the shape of a letter to the Board, from Dr. W. O. Bullock, late superintendent, the statistical matter compiled from the records of the hospital, and a supplemental report by Dr. Chenault, consisting of an essay on hospital management, vindicating of his former administration when superintendent, and antagonistic to the extreme views of Dr. Bullock on the subject of restraints.

The Lexington Asylum is one of the older asylums in the United States, and the oldest west of the Alleghanies. Under the superintendency of Dr. Chipley, (1850–1868,) it was developed into a State hospital of the first-class, and enjoyed an enviable reputation. Since the removal of Dr. Chipley for political reasons, it has suffered, in common with other State institutions of its class, by being subject to the domination of political partisans, having had no less than five different superintendents, and seven changes of administration within fifteen years. That some, or all, of these five superintendents, were men of professional and executive ability, does not affect the general proposition that the institution has suffered from such instability of government, by a certain deterioration of reputation, and loss of public confidence, if not otherwise.

This is an evil, however, for which there is no certain remedy, except the entire separation from any system of political spoils.

Dr. Bullock's dissertation on "non-restraint," is a fair specimen of current literature on this subject, illustrated by the clinical history of several typical cases of lunatics who had been regarded as dangerous—long restrained—finally tamed and released from restraint in the hospital. The Doctor's description of the transition from "restraint" to "non-restraint" under his direction, is best given in his own words. After due deliberation, considering the fact that "we are of the same blood, have similar constitutions, and are subject to the same diseases" (as the British,) and therefore, may "aspire to the same humane plan of treatment," he says, "after a thorough investigation of all obtainable writings bearing on it (non-restraint) coupled with an earnest desire to succeed, the key to the problem was found. So simple and so effective, the wonder is that it is not universally applied." "It may be summarized (the key) in a few words. More sane with insane, to sooth and quiet by their presence and moral influence. More freedom and latitude of action. Light but regular employment. A crusade against starvation, and heralding the "gospel of fat."

Having discovered this "key" the Doctor proceeded to unlock the mystery of "non-restraint" in asylum management by the following motions, described by himself.

"The number of attendants was increased. Male patients were invited and urged to go out. First a few as a trained nucleus, to which, by degrees, others were added, until at last over one hundred and fifty might be found digging in the garden, mending roads, sweeping leaves from the ground, or otherwise engaged about the premises. The sewing room afforded occupation for a number of females, but not enough were willing or able to go there. Sewing,

knitting and light work was carried to their wards, and every persuasion was used to get them to employ themselves. The result was self-asserting, came speedily, and was gratifying beyond expectation." One must ask: What must have been the condition of this Kentucky Asylum before this reformation was introduced? Was indoor idleness and starvation the normal condition of the insane in the asylums of Kentucky, and elswhere, so far as Dr. Bullock's acquaintance extended? Certainly this would seem extraordinary language to any one familiar with hospital management and the hospital literature of this country. His reasons for condemning mechanical restraint are aphorismal and monumental. They are thus formulated:

"The very means for recovery have been interfered with. The muscular movements called the pulse of insanity, have been ligated. The wires for discharging the excess of nervous energy have been interrupted, and nature's mode of cure arrested."

Dr. Chenault, in his "supplementary report," alluding to Dr. Bullock's dissertation says: "I have not desired to discuss the statements made in said paper, as a public document is not the proper place for such discussion, yet I desire to call attention to a few facts and figures which he has in his statement or in connection therewith, neglected to give."

Among other "facts and figures" alluded to, the following seem to be quite pertinent.

"By reference to the reports of the asylum from 1875 to 1880, inclusive," says Dr. Chenault, "you will find the following showing, viz.:

From the 30th day of September, 1875, to October 1, 1880, including the whole term, less two months, after I first assumed the duties of superintendent, and five months after my resignation,

a period of five years, the average per cent of recoveries on admissions was thirty-eight (38). The percentage of deaths on the whole number treated was four and ninety-one hundredths (4.91). When the use of mechanical restraints was resorted to, solely upon the approval of one of the physicians, and during the five years of my superintendency, there was not a homicide occurred in this institution.

By reference to reports commencing October 1, 1880, and closing September 30, 1883, (a period of three years.) Since the inauguration of a system of non-restraints (it will be found that) the percentage of recoveries on admissions was thirty-three and nine-one-hundredths, (33.09), the percentage of deaths on the whole number treated, was five and ninety-one hundredths, (5.91); and I am reliably informed that * * * three homicides occurred, one from the entire removal of restraints, and two from the fact that restraint was injudiciously neglected."

The Doctor, very wisely, does not claim that this showing proves superiority of mechanical restraining over an intelligent practice, in which other methods are adopted, but pricks the bubble of Dr. Bullock's pretended reform very effectually thereby. There may have been other factors entering into the problem of success than that of restraint by mechanical device, and probably was; but success is the best evidence of good management, when all factors are clearly comprehended, and justly valued.

Annual Report of the Central Kentucky Lunatic Asylum, Anchorage, Ky. Dr. R. H. GALE.

There were in the Asylum, at beginning of year, 553 patients. Admitted, 174. Discharged recovered, 105. Died, 63. Improved, unimproved and escaped, 6.

The Commissioners, (of whom there are nine,) speak of "expensive changes and alterations forced upon them"—and the superintendent urgently recommends additional improvements. This is one of the newer western State asylums. It was constructed for other

than asylum purposes originally, and has been undergoing changes and enlargement, ever since its conversion into an asylum for the insane.

The most noticeable feature of this report is the claim that over sixty per cent of the whole number admitted within the year was discharged "recovered." This is not remarkable, because improbable, as the result of one year's work; but because of the unenviable notoriety this asylum had acquired under the superintendency of Dr. Gale, because of alleged looseness of professional administration, and the excessive use of mechanical and other restraints, by irresponsible parties, attendants and others. If true, the result stands in marked contrast with the reported results of the same year's work at Lexington, (Eastern Kentucky Asylum) where all mechanical restraint had been boastingly abolished, as inhuman, unscientific, and injurious to patients,—the per cent of recoveries on admissions in that asylum being for the same period, as reported, less than 35. It will not do to draw inferences from such statistics, however. There are so many sources of error of which the superficial observer has no knowledge, and the work of one year is so limited, and possibly exceptional, that great caution need be exercised in any endeavor to derive valuable information from such reports, however carefully prepared, and free from sophistication.

Since this report was published, the resignation, and subsequent death of Dr. Gale have been announced, and in justice to his memory it is with pleasure that we append the following paragraph which closes the commissioners' report, made and published before his resignation. The commissioners say:

> While we are not unmindful of unfriendly criticisms of the administration of the superintendent, coming from prejudiced or uninformed sources, we, after full acquaintance with all the facts

which rigid scrutiny and watchfulness can disclose, are free to say that his management meets with our hearty approval. Kind-hearted, generous, watchful, industrious, resourceful, just, honest and capable, we know not how the place could be better filled.

It is not probable that these nine men were all incompetent, or wholly deceived observers of Dr. Gale's character and conduct.

Annual Report of the Western Kentucky Lunatic Asylum, Hopkinsville, 1883. Dr. JAMES RODMAN.

There were in the Asylum, at the date of the last report, November 1, 1882, 503 patients. Admitted during the year, 118. Total 621. Discharged recovered, 55. Improved, 13. Unimproved, 6. Eloped, 4. Died, 36. Total, 114. Remaining under treatment, October 1, 1883, 507. The report of the superintendent, Dr. Rodman, is quite brief. The most notable incident during the year, as mentioned in the report, was the outbreak of small-pox, which by prompt measures, was confined to the individual first attacked and to those who were infected by him. Having, after a few years trial with detached quarters for a class of quiet men patients, become satisfied of the utility of such an arrangement, the superintendent has made arrangements for like accommodation for a limited number of women patients. A cottage has been built some little distance from the main building, "yet near enough for constant medical oversight, with all the appliances of a home-like dwelling, including open fire-places, dining-room, kitchen, bath-room and water closet. It will be handsomely furnished, then put in charge of a responsible matron and needed attendants."

The superintendent says: "I believe that in this cottage and another now in use, it will be demonstrated that a system of detached buildings is in most respects,

preferable for a large class of inmates, to the present manner of asylum construction." Fourteen pages of the report are occupied with the names, county of residence, and dates of admission of patients in the asylum. In the absence of definite information, we presume that this publicity is required by the law of the State. It certainly is a custom, if such is the case, which ought to be discontinued by legal enactment.

TEXAS:

Annual Report of the State Lunatic Asylum, Austin, 1883. Dr. A. N. DENTON.

There were in the Hospital, at the beginning of the year, November 1, 1882, 358 patients. One hundred and eighty-five were admitted within the year. Sixty-one were discharged, and 26 died. Of the 61 discharged, 47 were discharged after Dr. Denton became superintendent, (January 20,) 42 of the number having been restored. One homicide was committed in the asylum on the 31st of May, at night, by an insane negro, his victim being a room-mate. Of the 26 deaths, 20 occurred after January 20, showing a death rate estimated upon the whole number under treatment, for the period reported by Dr. Denton, (January 21 to October 31) of 3.8 per cent. A very low rate surely—which seems to have led the Doctor to make the following comment:

"I doubt if there is another institution of the kind in this or any other country that can show a smaller mortality. In order that this fact may be more clearly seen and appreciated, I have carefully noted the death rate in the following named asylums for the insane for the years annexed: Four asylums in the east, one in the west, and three in the south," &c.

This statement of the case is hardly justified, as a simple statement of death rates in figures, without a wide range of historical facts, does not justify an inference of good or bad management, and is more likely to deceive than to instruct the student.

The results of one year of hospital work does not furnish a trustworthy example, from which alone, general results may be estimated or anticipated. The period is too short to embrace all of the conditions essential to a full estimate of capabilities and probabilities. Suppose we estimate the death rate in the Texas Asylum by a shorter period—say from November 1, 1882, to January 20, 1883—three months and twenty days, when the asylum was under a different management. The whole number under treatment for that period was 579. The number of deaths, 6. Ratio, 1.5. Not long since the fact that not a death had occurred in the month of February, in a hospital for the insane, showing a daily average of nearly 1,200 patients, was heralded to the world as an indication of the extraordinary merit of the then present new hospital management. No report for the next month, or any month since has emanated from that hospital.

No better example of the insufficiency of such statistics to represent large truths, need be cited than is furnished by a tabular statement of the number under treatment, and number of deaths, with ratio of mortality for nine consecutive years of the Texas Asylum, which Dr. Denton furnishes in this report, by which we are informed that in 1875–6 the ratio of mortality was 3.8 per cent; for 1877–8, 3.1 per cent; while for 1878–9, it was 10, and 1880–81, it was 11.6—the per cent for the nine years considered as a single period, being 5.1—but little over one-half of the average rate for the United States or Great Britain. Two hundred acres of

farm land have been added by purchase to the one hundred acres previously owned by the State for asylum purposes. A large amount of labor has been performed by inmates; ninety per cent of whom (found in the asylum) Dr. Denton regards as incurable. New buildings were opened September 5, for the admission of patients. Extensive repairs, including new and more capacious boilers, and steam heating apparatus, and fresh water supply have been effected; and the asylum enters the new year, enlarged, with better equipments, and brighter prospects for usefulness than ever before contemplated. Texas will soon take rank with the most populous and the wealthiest States in the Union, and shows indications of a purpose to be abreast with them in all that pertains to what may be called a "higher civilization."

INDIANA:

Annual Report of the Indianapolis Hospital for the Insane, 1883. Dr. WM. B. FLETCHER.

This is the thirty-fifth annual report of the Hospital for the Insane, at Indianapolis, Indiana—the first under the superintendency of Dr. Fletcher, who succeeded Dr. Joseph G. Rogers, in June, 1883. This hospital has two buildings, and two departments; one for men, and one for women; both under one government, and one superintendency.

The number of patients present at the beginning of the year, was 1,085. Six hundred and ninety-eight were admitted within the year. The whole number treated in the year was 1,783. Daily average, 1,112. Recovered, 352. Died, 108. Eighty were discharged "improved." One hundred and nineteen "unimproved." Nine "not insane," and two "idiotic."

The expenditures for the year were: For maintenance, $215,473.05. Repairs, $7,497.16. Clothing, $10,081.22. Aggregating $233,051.43. Making the cost for maintenance, repairs, and clothing furnished by the State, at the rate of $210 a year; or $4 a week (in round numbers) for each patient. Or, excluding ordinary repairs and clothing, $194 a year—$3.73 a week.

The trustees, all but one of whom are recent appointees, in their report, "call attention to the fact that nearly all mechanical restraints for patients have been abolished in the hospital"—say "the hospital will soon have a capacity of fourteen hundred and fifty patients"—complain of "the unwise wording of the law making continuous appropriations, which restricts the use to one-twelfth of the amount for any one month of the fiscal year"—and they are "pleased to note that the per cent of cures is rapidly increasing."

The superintendent signalizes his acceptance to office by the statements:

The use of medicinal agents has been much reduced. Stimulants and tonics are mostly required, because most patients brought to the hospital are in a condition of debility. The stimulant formerly used was whisky, either diluted with water or combined with cod-liver oil. About three gallons per day were consumed. At this time one pint is quite sufficient, an extra malt beer having been substituted, with marked benefit to the classes of patients who lack appetite. Particularly has an improvement been observed among the female patients by the change.

The former custom of secret burials has been abolished, and regular public funeral services are held by our chaplain.

Undoubtedly much, if not the greater part of the benefit derived from hospital treatment of the insane, is through the gentle management and kindly influence of those who are associated with them. All that a loving, intelligent parent would do to cultivate self-control, self-respect and moral restraint in a willful child, is applicable here.

Moral force methods are stronger than physical restraints in aiding the mind to recover its balance. This firm belief has caused

a warfare upon chemical and mechanical restraints in the wards of the hospital, * * * * and, it is hoped that in a short time, with more skilled help and better prepared rooms, that no vestige of such resources shall remain.

The superintendent, also, recommends the employment of a female physician—notices the death of Dr. J. C. Walker, (assistant,) April 15, 1883. The resignation of Dr. W. H. Hubbard, "a most efficient and popular assistant," and "the resignation of Dr. Jos. G. Rogers, superintendent, June 7, 1883, to accept the position of medical engineer to the new hospital commission." Also the appointment of Dr. T. Davenport. and Dr. W. E. Brandt, to fill vacancies; and the appointment of a chaplain, Mr. John Kidd. All these changes and results in five months.

It is always interesting to persons of experience to study the first report of a novitiate in the management of an insane hospital, and to notice with what complaisance they criticise the work of their predecessors —and with what "comfortable assurance" they inaugurate real or supposed works of reformation and improvement; all of which are to result in a greatly improved condition of the hospital and its inmates, and a marked increase in the ratio of cures to be effected by hospital treatment.

Dr. Fletcher, is not an exceptional example, however modest his first report, and we can but wish that his anticipations may be realizations before the whirlgig of partisan politics in the Hoosier State relegates him to private practice.

Knowing how much easier it is to make a statement than it is to prove the truth of it, the man of experience will look for the evidence of this "rapid increase in the ratio of cures," which the trustees are "pleased to note" in the statistics of the report itself.

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By turning to page 28, we find a tabular statement including statistics of numbers admitted, recovered, &c., number resident (average) and per cent of recoveries of all under treatment, etc., for each year from the opening of the hospital, 1848, to the close of the year, 1882–3—and, to our astonishment find that, while the per cent of recoveries on the whole number under treatment, from 1848, to 1879, fluctuates from 19 to 28 in round numbers—for 1879–80, it is reported as 28.04, for 1880–1, as 49 for 1881–2, as 50.09, and for 1882–3, as 50.75.

Evidently "some one has blundered," ignorantly of course. But upon this showing, if upon any figures, the trustees must have founded their statement.

That this is error, that no such per cent of recoveries has been reached, may be seen by ascertaining from the superintendent's statement, page 8, the whole number under treatment for the year 1882–3, was 1,783—fifty per cent of which would be 891.05 or 221 more recoveries than the whole number discharged as cured, improved, unimproved and died, the whole number of such being as reported only 670.

The error consists in representing a ratio of recoveries on the whole number admitted for the year, as the ratio per cent on the whole number under treatment, which is proved by the fact that, (see table 11, page 16,) there were 698 patients admitted within the year, 352 were discharged as "recovered," which gives a ratio of 50 per cent and is in accordance with reasonable expectations, being about the average per cent of recoveries thus estimated for the thirty-four previous years of hospital history, while the ratio of recoveries for 1882–3, if estimated in relation to the whole number under treatment, (recovered 352, whole number under treatment, 1,783,) would be but 19 per cent, somewhat *below* former averages.

It is to be hoped that such errors in statistics, obvious to the skilled or inquisitive observer, will be avoided in future, and corrected for the past, as they serve only to mislead the credulous or cursory reader, or destroy the confidence of the more careful and exacting student.

ARKANSAS:

Annual Report of the Board of Trustees of the Arkansas State Lunatic Asylum, Little Rock, 1882.

The trustees report progress in the construction of the institution. An account of the general plan of the building, with a somewhat detailed statement of the method of construction employed is given. On the 1st of November, 1882, Dr. C. C. Forbes, of Louisville, Kentucky, was elected superintendent and entered upon his duties on the 1st of December, 1882.

NORTH CAROLINA:

Annual Report of the North Carolina Insane Asylum, Raleigh, 1883. DR. EUGENE GRISSOM.

There were in the Asylum, at the date of the last report, 278 patients. Admitted during the year, 53. Total under treatment, 331. Discharged recovered, 17. Improved, 43. Unimproved, 63. died, 9. Total, 132. Remaining under treatment, 199. The directors of the asylum report that the institution is now in better condition than ever before; that the percentage of recoveries is larger and that of deaths smaller. In accordance with the act of 1883, the directors in conjunction with the board of the Western North Carolina Insane Asylum, have agreed upon a line passing through the State, determining the territory from which patients should be sent to each of these two asylums. In accordance with a section of this act, ninety-six patients have been

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transferred from this asylum to the Western North Carolina Asylum.

The report of the superintendent is largely taken up with a detailed account of the extensive repairs which have been undertaken during the year. These have comprised, in many instances, an entire renovation of the wards and some of the rooms.

LOUISIANA:

Biennial Report of the Board of Administrators of the Insane Asylum of Louisiana, Jackson, 1883–1884. Dr J. WELCH JONES.

There were in the Asylum, at the opening of the biennial period, 244 patients. Admitted during the period, 477. Total under treatment, 721. Discharged recovered, 59. Improved, 14. Unimproved, 11. Not insane, 1. Died, 164. Total, 249. Dr. Jones' report shows that the period just closed, has been one of unusual difficulty in the management of the asylum. The closing of the city asylum at New Orleans, resulted in the reception, on one day, of 129 patients from that institution. In addition to the increased number of admissions, the character of many of the cases was such as to add unusually to the difficulties incident upon their care. Forty-five were cases of epilepsy, 11 were paretics, 2 were in articulo mortis when received, 3 were blind, and 31 were idiots. In addition, it is stated that the age of two of the patients was supposed to be one hundred years. Such has been the crowded condition of the asylum that the superintendent has been forced to put two and three into rooms originally intended for but one person. An epidemic of dysentery, prevalent throughout the region surrounding the asylum, attacked several of the inmates of the institution and resulted in a large increase in the death rate. The

superintendent reports that a large number of the patients has been usefully employed during the year, and states that in the brickyard connected with the institution, the patients, under the supervision and with the assistance of some of the employes, have made during the last two years 2,200,000 brick. From the report of the superintendent, it is apparent that there are many things urgently needed to place the institution in a proper condition to subserve the best interest of the inmates. We learn, with some surprise, that the wards are devoid of any arrangement for lighting, other than candles, and agree with the superintendent in characterizing them as unsatisfactory and unsafe.

SUMMARY.

INTERNATIONAL MEDICAL CONGRESS.—We are in receipt of the announcement of the Committee of Organization of the Eighth International Medical Congress, which is to be held at Copenhagen, August 10 to 16. The following extract from the announcement is given as being of especial interest to our readers:

The Section of Psychiatria and Neurology.—As you will see from the enclosed communication, the Eighth Session of the International Medical Congress will be held in Copenhagen next year. Expressing the hope that you may find it in your power to be present at the meeting and especially expecting, that the Section of Psychiatria and Neurology may count upon your participation, the Organizing Committee for the said section, comprising besides the undersigned President and Secretary, the following gentlemen: Professor Gædeken, Professor C. Lange and Professor Kjellberg of Upsala, hereby begs leave to send you a provisional list of questions which it has thought suitable to be discussed in the meetings of the section.

We are, Sir, your faithful servants,
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Psychiatria.—1. Statistical view of the Mental Diseases and the Psychiatric Institutions in the Scandinavian countries. 2. Proposal for Uniformity of the Annual Reports of Lunatic Asylums in the various countries. 3. The value of Agricultural Colonies in the treatment of insanity. 4. The value of exercises in in the treatment of mental diseases. 5. The significance of the schools for the production of mental diseases. 6. The temperature of the body in the primary stages of mental diseases. 7. Insanity in childhood. 8. Perverse sexual desire. 9. The "Psychic Epileptic Equivalent." 10. The relation of the Progressive General Paralysis to Syphilis. 11. Anatomical characters of the Brains of Idiots. 12. What method for the Weaning from use of Morphia is to be preferred, and where can it be best carried out?

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Civil Service Law in New York State.—The "Civil Servic Act" which went into operation January 5, 1884, includes in its provisions rules for ascertaining the qualifications of all persons to be employed in State Institutions for the Insane, after that date. Hereafter no appointment can be made except in compliance with the provisions of this act. The regulations in regard to supervisors, nurses, orderlies and attendants, impose no restrictions regarding nativity, citizenship, or place or length of residence. Male applicants to be not less than twenty nor more than forty-five years of age, and female applicants not less than eighteen nor more than forty years of age; to be free from physical defects or disease calculated to impair efficiency; to provide satisfactory vouchers as to moral character, cleanly and temperate habits, and equable and humane disposition. Such applicants to be able to read, write and work correctly simple sums in addition and subtraction.

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they shall have "such special qualifications as may be required for the satisfactory discharge of the duties of the position to which named." The Civil Service Commission have appointed local examining boards from the staff of each institution in the State, to examine applicants for these positions. These boards conduct their examinations in writing and report to the commission at Albany.

For the present the Examining Board for assistant physicians consists of Dr. E. M. Moore, President State Board of Health, Dr. Stephen Smith, State Commissioner in Lunacy, and Dr. John P. Gray, State Asylum, Utica. The commission seems wisely to be gradually developing the system so as to ensure the best practical results.

British Medical Association—Psychological Section.—At the meeting of the British Medical Association, Belfast, July 29, 30 and 31, and August 1, the section of Psychology will be under the chairmanship of Dr. George H. Savage, of London. The following subjects have been selected for discussion: "Employment of the Insane. Varieties of General Paralysis. Use of Alcohol in Asylums. Moral Insanity and Imbecility. Legal Persecutions by Discharged Patients."

The selection of these subjects will not exclude other topics, and communications are invited.

Re-appointment of Dr. Fauntleroy.—Dr. A. M. Fauntleroy was, on April 15th, re-appointed superintendent of the Western Lunatic Asylum, of Virginia, at Staunton, from which position he was removed some two years ago for political reasons solely. We congratulate the State on the return of better wisdom.

The Medico-Legal Journal,

A Quarterly devoted to the Science of Medical Jurisprudence,

Published under the auspices of the Medico-Legal Society of the City of New York.

This Journal publishes the leading papers of the Medico-Legal Society, and a resumé of its transactions. Its columns are at the same time open to contributions from all sources and from all parts of the world, on appropriate subjects and questions. It endeavors to chronicle interesting facts and scientific deductions within its domain, and keep a record of current events, especially in the trial of cases in the courts which involve Medico-Legal questions.

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